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ABSTRACT

This training manual is designed to help in the training of women for homemaker service. The material specifies what will be most meaningful to the homemaker trainees in their daily work as well as to give insights into the larger problems of families in trouble and to advance the goals of the homemaker service. In connection with the trainee program these topics are concentrated upon: introduction to homemaker service; goals, role of the homemaker, and types of services; working with people in trouble; children; the homemaker and the elderly; the homemaker and the care of the sick; the homemaker and mental health; the homemaker--nutrition and home management; agency policies and procedures; and agency forms and related materials. Each of these topics is taught through informal discussions, lectures, practice, and demonstrations. Supplementary aids which have proved to be helpful include films, case histories, and problem-setting questions. (Author/BP)

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NATIONAL CAPITAL AREA HOMEMAKER SERVICE

TRAINING MANUAL

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Community Services Administration
Washington, D.C. 20201

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NATIONAL CAPITAL AREA HOMEMAKER SERVICE

TRAINING MANUAL

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CONTENTS

Definitions iv

Introduction i

Session I: Introduction to Homemaker Service 3

Session II: Goals, Role of the Homemaker, and Types of Services ... 9

Session III: Working with People in Trouble 13

Session IV: Children 18

Session V: The Homemaker and the Elderly 27

Session VI: The Homemaker and the Care of the Sick 35

Session VII: The Homemaker and Mental Health 40

Session VIII: The Homemaker--Nutrition and Home Management 45

Session IX: Agency Policies and Procedures 77

Session X: Agency Forms and Related Materials 91

DEFINITIONS

WHAT IS HOMEMAKER-HOME HEALTH AIDE SERVICE?

"Homemaker-home health aide service is an organized community program provided through a public or voluntary nonprofit agency. Qualified persons--homemaker-home health aides--are employed, trained, and assigned by this agency to help maintain, strengthen, and safeguard the care of children and the functioning of dependent, physically or emotionally ill, or handicapped children and adults in their own homes where no responsible person is available for this purpose. The appropriate professional staff of the agency establishes with applicants their need for the service, develops a suitable plan to meet it, assigns and supervises the homemaker-home health aides, and continually evaluates whether the help given meets the diagnosed need of its recipients."1/

WHAT IS A HOMEMAKER?

"A 'homemaker' is a mature, specially trained woman with skills in homemaking, who is employed by a public or voluntary health or welfare agency to help maintain and preserve family life that is threatened with disruption by illness, death, ignorance, social maladjustment, or other problems. A pleasant personality, physical and mental well-being, experience, and training enable her to assume full or partial responsibility for child or adult care, for household management, and for maintaining a wholesome atmosphere in the home. She does these things under the general supervision of a social worker, nurse, or other appropriate professional person connected with the sponsoring agency. She exercises initiative and judgment in the performance of her duties, recognizes the limits of her responsibility, works cooperatively with family members, and shares her observations and problems with those responsible for the homemaker service program."2/

1/ Standards for Homemaker-Home Health Aide Services. National Council for Homemaker Services, 1790 Broadway, New York, N.Y. 10019. 1965.

2/ This definition was agreed upon by the sponsors of the 1959 National Conference on Homemaker Service, held on February 10-11, 1959, in Chicago, Illinois.

INTRODUCTION

Training women for homemaker service is an important function of every agency that provides such services. In the absence of any standard method for training, agencies have developed their own material with the assistance of specialists and through exchanges of information with other homemaker agencies.

In addition to the invaluable help from specialists in various fields, we have relied heavily on our experience over the past 7 years, and we have planned the manual in an effort to fulfill the homemakers' needs as expressed by those who have been with us for all or part of that time.

Our plan for training homemakers before they are actually assigned is to offer them some basic ideas and information, on which we can build later while they are gaining practical experience under our supervision. Of course, many of the concepts set forth in the manual are already familiar to the trainees. We have tried to focus our material on what will be most meaningful to them in their daily work as well as to give insights into the larger problems of families in trouble and advance the goals of homemaker service.

The Training Manual is designed with the expectation that it can be used with a single new employee or with a group as large as 15. Informal discussions, lectures, practice, and demonstrations are methods of teaching that may be used. Supplementary aids that have proved helpful include films, case histories, and problem-setting questions.

We do not consider the manual to be "finished" but think of it rather as a working draft to be revised or expanded as the needs of our service warrant. The various chapters will be used by instructors as the basis for their discussions with the trainees. At the close of each session, the trainees will be given copies of chapters on the material scheduled for the next session. The trainees can use those chapters for reference, and more advanced material can be added after later sessions.

We are indebted to many agencies and individuals for their contributions to the development and presentation of the manual. The working committee included consultants and other specialists in the fields of social work, home economics, nutrition, and public health nursing, who served on subcommittees in those fields. Despite their busy schedules they had the

interest and energy to help us. They included staff members from the Children's Bureau of the U.S. Department of Health, Education, and Welfare; the D.C. Chapter of the American Red Cross; the D.C. Board of Education; the D.C. Department of Public Health; the President's Council on the Aging; and the Fairfax-Falls Church Mental Health Clinic; as well as the former Director of Nursing Service, American Red Cross, and a former member of the faculty of the School of Social Work of the Catholic University of America.

In our own agency the staff of supervisors and homemakers and the Board of Directors encouraged us and gave us valuable suggestions, which made this endeavor possible.

Miss Patricia A. Gilroy, ACSW
Executive Director
Homemaker Service of the
National Capital Area, Inc.

SESSION I

INTRODUCTION TO HOMEMAKER SERVICE

I. Our Agency

A. History of the Agency

The Homemaker Service of the National Capital Area, Inc., was formally established on November 7, 1957, when it was incorporated under the laws of the District of Columbia. This was the result of the work and study of the Homemaker Service Committee organized early in 1956 under the joint sponsorship of the Health and Family and Child Welfare Sections of the United Community Services of Washington, now known as the Health and Welfare Council of the National Capital Area. The committee included representatives from public and voluntary health and welfare agencies and nonagency individuals representing a wide variety of interests. The extensive work of the committee concluded that homemaker service was an essential need in the community without which there was a serious gap in basic services to families and individuals. The report was unanimously accepted with the recommendation that an independent agency be established to provide homemaker services. Immediately after its incorporation, a board of directors was elected by the incorporators, by-laws were adopted, and the board began the organization of the agency. This was effected in September 1958 when the agency began to provide service to the residents of the metropolitan area. In 1960, the agency was accepted as a financially participating member of the Health and Welfare Council.

B. Purpose

The purpose of the agency is to maintain and strengthen family life by providing homemaker service to families with children, to the aged, to the ill, and to the disabled. Through provision of such services, children can remain in their own homes

during the temporary illness or absence of the mother, elderly, ill, disabled persons can be maintained in their own homes and assisted to maximal independent functioning, and individuals as well as family members can be helped to improve their skills in home management and child care.

C. Service

The agency recruits, trains, and supervises mature, responsible women to provide homemaker services to families with children, the acutely or chronically ill, and the aged person. These services are provided in accordance with accepted national standards. Depending upon the needs of the family or individual, services may include care and supervision of children, marketing, planning and preparation of meals and special diets, light cleaning, care of clothing, planning expenditures, rearranging work areas for ill and disabled, etc. Although homemakers do not give nursing service, they may provide certain personal care, sometimes referred to as home health aid, to ill or disabled persons who are under medical or nursing supervision. Homemakers may teach adults and children better methods of home management when families need and want it. They also may assist disabled persons to develop appropriate homemaking skills within the limitations of their disability.

1. Administration

The agency is governed by a Board of Directors consisting of 35 citizens of the metropolitan area. It is responsible for the policies and operation of the agency and meets regularly each month with the exception of July, August, and September. Seven standing committees are appointed by the President, such as Personnel, Finance, and Program and Service. Special committees are appointed as they are needed. The Executive Director is appointed by the board and, as the chief administrative officer of the agency, is responsible for administering the affairs of the agency in accordance with the policies and directions of the board.

2. Supervision

Direct supervision of the homemakers is given by homemaker supervisors who are professionally trained

caseworkers and by a home economist-nutritionist. When personal care is needed by a patient, supervision of that aspect of care is provided by the appropriate medical personnel, following an initial evaluation by the attending physician or by a public health nurse. In addition to supervisory responsibilities, the homemaker supervisor cooperates with and/or coordinates the work of other agencies and individuals in the case, obtains information about current needs of the family, evaluates the effectiveness of the service, and provides limited casework when it is needed and wanted by the family. Whenever possible, referrals are made to other community agencies for ongoing, more intensive or specialized help.

3. Referrals for Service

Requests for service are made by voluntary and public agencies, doctors, hospitals, friends, or relatives, or directly by the family. Each request is evaluated by an intake worker, a professionally trained caseworker, who interviews the applicant or responsible member of the family in order to determine whether homemaker service is appropriate. The problems and needs of the family are evaluated and a plan developed which includes defining the responsibilities of the homemaker and of other family members, hours of service, probable length of time the homemaker will be needed, whether other health and welfare resources need to be called upon, and, if the family is being helped by another agency, its plan and goals for the family. When a health problem is involved, a medical report and recommendation are obtained from the attending physician or hospital before service is initiated.

D. Relationship with the Health and Welfare Council and United Givers Fund

Homemaker Service is a financially participating member of the Health and Welfare Council of the National Capital Area, Inc. The council is the planning body for health and welfare services. It reviews programs, policies, standards, and budgets of health and welfare agencies. All agencies are

required to submit regular and special reports for review and approval. The United Givers Fund is the fund-raising arm of the council and has its major campaign each fall. The service is among the 143 agencies who share in this; it receives between 30 and 40 percent of its annual operating expenses from U.G.F.

E. Geographical Area Served

The agency serves residents of the District of Columbia, Alexandria, Arlington, and Falls Church in Virginia, and Montgomery and Prince Georges Counties in Maryland.

II. Our Community

A. Relationship with Other Agencies

Homemaker Service works closely with other public and voluntary community health and welfare agencies in providing service to families. It is considered an integral part of the community plan to maintain family life during time of stress and to assist others in the rehabilitation and care of the ill and aged. With the exception of supervision by members of the medical or nursing profession in the aspects of patient care that require personal care or home health aid, contacts with other agencies are initiated and maintained by the supervisors and Executive Director.

1. Public agencies: Department of Public Welfare and the Health Department.

2. Voluntary family agencies: American Red Cross, Family and Child Services, Navy Relief, Jewish Social Service Agency, Catholic Charities, etc.

3. Voluntary health agencies: Visiting Nurse Association, D.C. Cancer Society, Washington Health Association, etc.

4. Hospitals and home care programs.

III. A Growing New Service--Nationally and Internationally

A. History

The first homemaker service program was started in 1923 by the Jewish Social Service in Philadelphia: ". . . motherly women to act as housekeepers to help in homes in which the mother is temporarily incapacitated in order to avoid placement in foster homes or institutions."

1937-39 With impetus from the U.S. Children's Bureau and with funds from WPA, women were employed as housekeeping aides to assist with the care of children. At the time WPA was discontinued, 1941-42, there were 38,000 homemakers through the United States.

1939 National Committee on Homemaker Service (discontinued in 1963) was formed.

1963 The National Council for Homemaker Services was established:

To promote general understanding and support of homemaker service;

To create a medium through which communities can have access to the reservoir of existing knowledge, competence and experience;

To serve as a center of information and referral;

To sponsor conferences and seminars and foster communication and stimulate action; and

To promote the development of standards.

1964 After Federal programs were discontinued, in 1941, a few voluntary agencies continued with small services. In the past 10 years, there has been a renewed interest in homemaker service and today it is the fastest growing service in the country. New ways are constantly being found for its use with the aging, the mentally ill, etc. In August 1964, there were almost 500 homemaker programs in 46 States and Puerto Rico.

B. The U.S. Department of Health, Education, and Welfare supports and encourages development through grants for research and ongoing projects.

C. Homemaker service in other countries--England, Belgium, Australia, Scandinavian countries, etc.

SESSION II

GOALS, ROLE OF THE HOMEMAKER, AND TYPES OF SERVICES

I. Goals of Homemaker Service 1/

A. To keep the family together while the natural homemaker (usually the mother) is incapacitated, whether she is in or out of the home; and to prevent family breakdown through separation and unnecessary placement of children.

B. To enable elderly and ill persons to remain in their own homes among familiar surroundings.

C. To lessen the burden of chronic illness--physically, mentally, emotionally, and economically.

D. To hasten the convalescence and to reduce the length of stay in an institution by permitting the patient to remain at home or to return home sooner than he otherwise could. This will free hospital and nursing home beds for those who most need them. For the family, the individual, and the community, it will also help offset the cost of expensive institutional care.

E. To enable the employed adult, usually the father, to continue on his job.

F. To teach adults and children better methods of home management, child care, and self-care.

1/ The statement on goals of Homemaker Service is based on the report of the 1959 Conference on Homemaker Service. (U.S. Department of Health, Education, and Welfare, Public Health Service: Homemaker Service in the United States: Report of the 1959 Conference. PHS Publication No. 746. Washington, D.C.: U.S. Government Printing Office, 1960, pp. 5-10.)

G. To facilitate a medical and/or psychiatric diagnostic and treatment plan.

H. To assist in determining an individual's or a family's capacity for self-maintenance and to assist in developing whatever plans will best serve the interests of the family and the community.

II. Role of the Homemaker

A. Homemakers may be needed for families with children because of--

1. Mental and/or physical illness of a family member, which prevents the mother or mother-substitute from fulfilling responsibilities in the home;

2. Illness, death, or desertion of a parent, which requires both immediate and long-term planning by the family, and in some cases with the help of a family agency;

3. Inadequate parental functioning with the need for instruction in child care and home management.

B. Homemakers may be needed for ill and disabled persons because--

1. The ill person needs some help in caring for himself and his home until he can manage alone or until he can be admitted to a hospital or nursing home;

2. The disabled person needs to be helped to function as independently as possible within the limitations of his disability;

3. Friends or relatives need temporary help and/or relief with the care of the ill person.

C. Homemakers may be needed by elderly persons because--

1. The elderly person needs some help with his personal and household needs if he is to remain at home;

2. Care is needed while long-term plans are being arranged by the family or another agency;

3. Friends or relatives need temporary relief and/or help with the care of the aged person.

D. From what has been said thus far about the purpose of homemaker service and the reasons why families need it, we can see that the homemaker fills a vitally important role with all of the families with whom she works. Families are usually under great stress when they ask for homemaker service and the homemaker's presence in the home should be reassuring to everyone--mother, father, and children. Warmth, competence, and desire to be helpful are essential for success. Her personal interest and her skill in helping elderly or ill persons help immeasurably to allay their loneliness and fears. She gives individual attention to each person in order that the services needed can be provided.

In addition to what a homemaker brings to parents and children and to elderly and ill persons, her observations, which she shares with her supervisor, are equally important for successful service.

III. Types of Services (These will vary with each family.)

A. Household Management

1. Planning menus, buying food, and preparing and serving meals and special diets.

2. Helping the family plan their expenditures, manage their funds, and sometimes paying bills.

3. Light cleaning of the home.

4. Rearranging work areas and equipment so that a mother, particularly if she is handicapped, can manage more independently.

5. Caring for clothing--washing, ironing, mending, and, when permitted, buying clothing.

6. Helping inexperienced, immature, elderly, or ill persons to plan household routines and to budget time.

B. Child Care

1. Infant care--bathing, preparing formulas, feeding, dressing.

2. Attending to health care--personal cleanliness, special diets as specified by physician or nurse; accompanying children to medical and dental appointments, etc.

3. Helping with homework, storytelling, games, reading.

4. Escorting children to and from school, playgrounds; supervising play.

5. Helping children to assume responsibility for their personal care and for some of the regular household tasks in accordance with their ages.

C. Adult

Many of the services listed above for child care and home management will be needed by ill or aged adults. In addition, personal care services may be needed but these are to be given only upon the recommendation and with the supervision of a public health nurse. Personal care services help a sick person to be physically and emotionally comfortable and as independent as he can be. They may involve such things as assisting with a bath, assisting the patient to get into and out of bed, shampooing hair, helping with prescribed exercises, etc. In all such cases, the homemaker works closely with the nurse, the physician, and her agency supervisor, and does only what is ordered. Thus she is an integral part of the home care team. She must keep careful records and must give complete reports to those responsible for the patient's care.

SESSION III

WORKING WITH PEOPLE IN TROUBLE

It is not the aim at this session to teach anything new, but rather to help us look at old things in a new way. We need to re-examine some of the things we have always taken for granted. When we begin to understand, we see familiar things in a different way and our feelings about them begin to change.

To work successfully with people, we need to understand something about them and their problems. We need to understand and respect their kind of family life.

I. Differences in Individuals and Families

A. Each person is a unique individual--each family is different.

1. People may be emotional in their defense of their own way of doing things because to them it seems the right way.

B. Everyone reacts differently to different people.

1. Most people prefer to socialize with those who think and feel as they do.

2. Almost everyone has some areas of prejudice carried over from childhood--certain notions that he has never stopped to analyze.

C. People have different ways of doing things.

1. Family and nationality patterns are handed down from one generation to the next--"the way Mother used to do it."

2. To be different does not necessarily mean to be worse, or better.

D. Differences occur in various ideas and attitudes.

1. In values; in ways of cooking, keeping house, rearing children; in the role of the man in the family; in the relation of children to parents; in feelings toward aged grandparents in the family; in care of the sick.

II. The Homemaker Respects Differences

A. In order to accept people as they are, the homemaker needs--

1. To look at herself to understand why she feels as she does;

2. To recognize that many times one's feelings are based on emotional reactions and not on facts;

3. To learn how to control her prejudices;

4. To respect people for what they are and to try to understand their way of doing things.

B. The importance of understanding how the family feels about the homemaker

1. The personality of the homemaker has an effect on family members.

2. The family needs time to feel comfortable with her.

3. If the mother is in a hospital or nursing home, she is worried because she is separated from her family. This may interfere with her recovery.

4. When the mother is ill, or recuperating at home, there may be many problems. Her reaction to her illness may show itself in depression, fearfulness, or putting on a front; she may appear to be self-centered and unconcerned about her family. She may become overly dependent or overly demanding.

The homemaker's efficiency and capability may be a real threat to the mother's position in the family. She may be jealous of the homemaker and the homemaker's relationship with other family members.

The children may react to divided authority and, because they are worried, they may test both the mother and the homemaker.

The father may become overly dependent on the homemaker or overly grateful to her. He has many worries about the family crisis. He may be unable to handle them and may go to pieces.

III. The Family in Stress

Stress brings many troublesome side effects: discouragement, fear, anxiety, and disruption of the family's pattern of living.

A. General Effects of Stress on the Family Pattern of Living

1. Disturbance of routines; inadequate housekeeping; when the trouble is illness, physical rearrangement of the home to accommodate the needs of the patient often inconvenience the other family members; irregularity of meals, without the usual attention to individual tastes.

2. Loss of regular income if the father or other employed member of the family is ill; extra expenses for medical care; gradual disappearance of savings; indebtedness and inability to meet obligations; the need to turn to relatives or apply for public assistance; a change in education plans for children.

3. Generalized fear and apprehension; fear of the unknown and of change; concern, mingled with resentment over sacrafices, extra responsibilities, stresses, and anxieties; fatigue and irritability replacing harmony.

4. Interference with the plans, ambitions, and goals of various members of the family.

B. Effects of Prolonged Illness on the Way the Patient Feels About Himself

1. When the father is the patient:

a. Loss of status as the head of the household, the strong person, the authority.

b. Sense of inferiority and inadequacy on account of failure to provide for the family.

2. When the mother is the patient:

a. Change in relationships with husband and children.

b. Sense of uselessness if someone else (perhaps the homemaker) succeeds with the household and the children.

c. Irritability, a demanding attitude, discontent.

3. When a grandparent or other aged member of the family is the patient:

a. Fear of becoming an economic burden.

b. Feelings of self-pity--of having outlived one's contemporaries and one's usefulness.

C. Individualized Reactions

1. Each patient reacts differently to illness, depending on:

a. The kind of person he is.

b. The nature of the illness.

c. The degree of incapacity entailed.

d. The kind of relationships he has.

2. Each family will differ in its response to illness, according to:

a. The strength within the family.

b. Its stability as a unit.

c. The nature of the demands made upon it.

3. What works with one patient or family will not necessarily work with another, even though their situations may appear similar.

D. Changing Needs for Service

1. The patient's condition and the family situation may change from time to time, possibly requiring:

   a. Change in homemaker's schedule.

   b. Change in her activities, with emphasis on one kind of help as against another.

2. All changes are to be made through the supervisor only.

E. Special Needs of the Disabled or Handicapped Patient

1. The patient should be encouraged and helped to participate constructively as an active member of the family group.

2. The patient should share in the everyday problems of family life and assume as much responsibility as he is able to within his limitations.

3. The patient who feels "shut out" soon becomes disinterested and withdrawn. The homemaker can help through seeking his advice and through friendly sharing of news.

SESSION IV

CHILDREN

To be healthy and strong, children require good food and plenty of sleep, exercise, and fresh air. Children also have emotional needs: love, acceptance, security, protection, faith, guidance, and control, as well as a growing degree for independence.

As a child's security is usually deeply involved with his mother, withdrawal of her attention, love, and care because of stress often causes emotional outbursts by the child, as well as unpredictable behavior. This is part of the picture that the homemaker should understand as she enters the home.

This session will take up the relationships of the homemaker to the children of the family and will review the stages of child development according to age levels, as background information for the application of practical methods of care.

I. Development of the Child

Much printed material is available as to what to expect of children at different age levels. From the study of large groups, standards have been formulated as a guide to the understanding of physical growth and skills, social progress, and intellectual activities of the "average" child.

Dr. Spock's "Pocket Book of Baby and Child Care" is one of the most popular books and will be found in many households. It is extremely useful for reference.

A few examples of child growth are included as "Teaching Points" for this session. The instructor may wish to substitute others or include additional illustrations as time permits.

Ages 1 - 3

A. Is curious about many things, especially those above eye level--climbs up on furniture, pulls table covers. Lifting him up occasionally helps to satisfy curiosity.

B. Puts practically everything into mouth. (Pins, buttons, and other small objects should be kept out of reach.)

C. Is more "choosey" about food. (Don't force foods he does not like.)

D. Becomes less hungry. (When the child loses interest in eating, assume he has had enough and remove food.)

E. Sobbing, screaming, biting, kicking are ways of "letting go."

F. Fear may be caused by loud noise, a fall, an unexpected movement, a clanging fire bell, a barking or jumping dog, a bad dream, etc. Simple explanations that add to the child's knowledge are helpful in preventing fear.

G. May evidence shyness and suspicion, although usually attracted to other children; sharing cannot be expected.

H. Makes noise, pounds and bangs, likes to pile blocks, plays with push and pull toys. Simple toys are best.

I. Will start toilet training. (Don't force child or punish.)

J. Takes familiar toys to bed.

Ages 3 - 5

A. Runs errands, up and down stairs. This gives feelings of importance.

B. Helps dress and undress himself.

C. Washes hands and face, with supervision.

D. Nap time is shortened--periods of quiet play may be substituted.

E. Likes to be with other children. Being silly with friends is enjoyed.

F. Imitates other children and parents.

G. Is full of questions--What? Why?

H. Makes up little imaginative stories; likes to hear favorite stories over and over again.

Ages 5 - 9

A. Enjoys group play, parties; boys and girls play together.

B. Teacher's ideas and opinions are important to child.

C. "Good" and "bad" behavior alternate rapidly.

D. Is interested in dressing and acting like his friends.

E. Often argues about what he is expected to do.

F. Is interested in differences between sexes; modesty is evidenced.

G. Interested in collections (stamps, etc.)

H. Enjoys listening to radio and watching TV.

Ages 9 - 12

A. Is interested in special fields such as science, nature, mechanics, radio, drama.

B. Some of spontaneity of relations with adults may give place to reticence, even hostility, shown by having secrets.

C. Antagonism between sexes is noticeable.

D. Weight may increase rapidly, especially in girls.

E. Is interested in organized and competitive games.

F. Enjoys teamwork and accepts fixed rules.

G. Wants to earn money--small earnings allow some independence in spending.

Adolescence

A. Growing capacity for thought and reasoning makes creative companionship with parents ever more desirable.

B. Is self-conscious about learning to perform new feats of physical skill--may prefer to be spectator at games rather than participant.

C. Is independent in choice of friends.

D. Body changes cause uncertainty and possibly embarrassment.

E. Emotional outbursts may occur without apparent provocation.

F. Interest focuses on opposite sex.

G. Key factors in relationship with teenagers are patience, tolerance, and the ability to listen.

H. Need for privacy and for withdrawing from family is normal.

III. Situations That May Be Encountered

Some of the situations that the homemaker may have to deal with when there are children in the home are listed below.

A. Children's fears because of the presence of a new person in the household, etc.

B. The effect of separation (absence of a parent by hospitalization, death).

1. Normal reactions to any separation are likely to be grief, anxiety, and fear.

Hospitalization of a loved one is distressing and upsetting to all members of a family.

Children may show their upset feelings by disturbed behavior.

When death occurs, everyone should be permitted to express his grief in his own way.

Awareness of difficulties for family in making necessary resulting changes.

C. Broken routines.

D. Interrupted privileges.

E. Rebellion against the discipline routines of:

1. School attendance.

2. Returning home after school.

3. Visiting friends.

4. Not talking back.

5. Deferring to parent who is present.

F. Temper tantrums.

G. Confusion of authority.

H. Eating:

1. Refusal to eat.

2. Demands at unsuitable times or for special foods.

I. Toilet training:

1. Change in habits.

2. Reversal to incontinence.

J. Resistance to nap and bedtime schedule.

K. Resistance to bathing and dressing routines.

L. Some special problems of children from 2 to 5 years:

1. Hurts other children.

2. Is destructive.

3. Uses bad language.

4. Won't share.

5. Still sucks his thumb.

6. Still wets.

M. Restlessness of mother (if ill at home) and concern about the children.

Have children consult her for advice and suggestions--make her feel wanted. Give her small jobs to do if able, such as mending.

N. Economic changes with resultant insecurity.

Illness of breadwinner may require mother to get a job or older children to leave school.

III. Role of the Homemaker

General information about how children may react and ways in which the homemaker can develop good relations and give constructive care:

A. Develop good relations.

1. Follow parents' directions on care of children.

2. Don't force yourself upon child.

a. Create a friendly, interested atmosphere and the child will usually come to you.

b. Children have a sense of "knowing" when you do not care for them.

3. Treat each child as an individual:

a. Respect his feelings, wishes, etc., as you would have yours respected.

b. Be kind, sympathetic, and understanding--all persons react favorably to these attitudes--children thrive on them.

4. Speak softly and quietly, with a well-modulated voice--this invites friendship.

B. Discipline constructively--good discipline often makes punishment unnecessary.

1. Don't play one child against the other--this tends to create dissension and jealousy.

2. Emphasize each child's good points instead of bad ones.

3. Don't compare children within the family, but accentuate individual progress.

4. Use discipline with affection and love.

5. Use positive suggestions in working with children, such as "Let's do this"--avoid using "No" and "Don't" as much as possible.

6. Understand that behavior reactions often occur without any apparent reason.

C. Promote desirable behavior.

1. Gentleness and firmness help to establish self-discipline in children.

2. Use suggestions and requests instead of commands.

3. Explanations and directions should be clear and simple--be sure that the child understands what you want.

D. Comfort the child who is hurt or upset.

1. An outstretched hand or touch of a hand often soothes a disturbed or upset child--insecure perhaps because the mother is away from home.

2. A warm bath may relax an overly tired, fussy child.

E. Encourage good health habits and cleanliness.

1. Washing hands before meals.

2. Bathing before bedtime or as necessary--always test water--never leave young children alone in the bath.

F. Encourage children to assume some responsibility for themselves and to participate in family chores suitable to their age level.

1. Pick up and put away their toys.

2. Dress themselves.

3. Hang up clothes, etc.

4. Help with dishes.

5. Run errands.

6. Remember that interest wanes in young children after a short time. Don't overburden them.

7. Make a game out of work--use imagination in working with children.

G. Make mealtime a happy time.

1. Encourage children to eat, but don't force them--like adults, children have "off" days when food isn't interesting.

2. Make food attractive, but serve plain, simple dishes.

3. Encourage children to help plan and prepare "special treats," such as pudding for dessert, if old enough to do so.

4. Use commonsense about "between meal snacks"--no harm if right kind of food is given at a sensible hour.

H. Recognize that individual requirements for sleep vary.

1. Follow sleeping habits established in family.

2. Going to bed should be a happy, relaxing time.

3. Respect child's ritual before bedtime.

4. Don't overexcite child before naptime or bedtime.

   a. Avoid stories that might overstimulate child.

   b. Avoid very active play.

I. Encourage play--a natural part of childhood.

1. A suitable place and materials that interest the child are important.

2. Participation with other children should be arranged.

J. Answer questions at the time they are asked.

1. Try to make your answer simple, clear, and direct.

2. Don't evade.

References

Your Child From One to Six, U.S. Department of Health, Education, and Welfare, Children's Bureau. 1962.

Your Child From Six to Twelve, U.S. Department of Health, Education, and Welfare, Children's Bureau. 1949.

Pocket Book of Baby and Child Care, Dr. Benjamin Spock.

SESSION V

THE HOMEMAKER AND THE ELDERLY

The greatest socio-medical phenomenon of today is our aging population. Some authorities say it will have greater impact on our world civilization than the industrial revolution. People are living longer than at any time before in the history of the human race. The medical sciences have extended the life span, but society has not kept pace to make this a positive experience for most very old people. As life is extended, close human contacts become fewer, for loved ones move away or die, physical and mental capacities decline, finances dwindle, fears and loneliness increase. Few persons over 65 are free from all of the problems of the aging.

I. Our Aging Population

A. Life Expectancy

1. Today, if a person lives to be 65 in reasonably good health, he can expect 14 to 20 more years of life.

2. Women outlive men by about 5 years.

3. One person in 12 in our country is 65 or over now.

4. It is estimated that by 1975 there will be as many people 65 and over in our population as persons 15 years and younger.

B. The Changing Morbidity Picture

1. Great progress has been made in the control of childhood diseases (diphtheria, scarlet fever, polio, etc.)

2. Infant mortality has been reduced.

3. The medical challenge of today and the future is chronic illness (heart disease, arthritis, cancer, etc.).

Chronic illness puts more people on relief at the taxpayers' expense than any other cause.

C. Chronic Illness and Aging

1. "Although the problems of chronic illness and those of aging and the aged are not identical, the two areas overlap extensively. Aging in itself does not necessarily imply chronic illness, but most of the disablement, misery, and uselessness of those past the so-called prime of life are consequent to chronic, progressive disease, and not to age alone." (Edward J. Stieglitz, JAMA, October 4, 1952.)

2. Reduced ability to get around without help, less acute hearing, failing vision, make one feel and act infirm. These changes come to most people in their 80's or 90's. They may not be ill. Their capacity to manage alone is seriously restricted.

II. When Is a Person "Old"?

A. It cannot be definitely states at what time in life people become old, for age is more a matter of physical and mental aging than it is of chronology. Tremendous variations exist--some people are physically and mentally old at 35, others are young at 65.

Age 65 is a legal definition of "aged" for recipients of public assistance. An "aged widow" under the Old Age, Survivors and Disability Insurance may begin receiving benefits at age 62. A retired person is eligible for full retirement benefits at age 65, for reduced benefits at age 62. Low rent housing for the elderly under public auspices is available for persons of low income at age 62. A worker, in many lines, is "old" at 45.

B. The words "aging" and "aged" should be clarified: aging is a process which begins with conception and ends with death. Aged means old.

But old age is relative, depending not only on the individual's state of health, his feelings about himself and others, and his interests, but also on factors outside of him--such as where and how he lives, whether he has someone interested in him and able to do things for him occasionally, and whether his income meets his needs.

III. Preparation for Aging

The earlier in life a start is made in preparation for aging, the more productive the effort will be.

Factors that lead to healthy aging:

- Proper nutrition.
- Prevention of chronic illness insofar as possible through regular medical examinations.
- Care and rehabilitation of the chronically sick or disabled.
- Mental hygiene, which includes an appropriate balance between work and rest, exercise and play; and a spiritual perspective.

IV. Basic Needs of the Aged

Many who have studied the needs of old people, as well as the needs of society as a whole, believe that aged people should stay as long as possible in their own homes. Even when chronically ill, they may do well at home with help.

Basic needs are:

- A quiet, cheerful place to live.
- A nutritious diet.
- Something to do that they like to do.
- Someone to care.

V. The Aging Process

A. Physical

1. General slowing up of the metabolic processes.

2. Rheumatism (mild joint deterioration).

3. Slower reflexes.

4. Poor circulation (cold feet and hands).

5. Change in eye muscle accommodation, and visual defects, such as those caused by glaucoma or cataracts.

6. Hearing loss.

7. Skin changes (drier and less sensitive).

8. Balance less secure.

9. Loss of teeth.

10. Circulatory changes (thickening of artery walls; pneumonia-proneness).

11. Tired heart muscles (exertion affects breathing, heart beat, etc.).

B. Mental

1. Changes in brain tissue due to changes in circulation.

2. Blood vessel spasms.

3. Memory lapses.

4. Irritability due to arteriosclerotic changes (hardening of arteries).

C. Emotional

1. Sense of inadequacy, due in part to loss of importance to anyone, lack of routine, inability to adjust to reduced income, strain of trying to carry on former activities such

as getting out to evening affairs, or doing physical work for several hours without fatigue.

a. No longer needed in job, or by family.

b. Associates have died.

c. Physical slowing up.

2. Fear of future:

a. Threat of having to leave home.

b. Inability to accept change.

3. Lack of motivation:

a. No driving force to accomplish things.

4. Need for status; of being a person of stature to self as well as to others.

VI. Homemaker Service

Comes into the picture at the point of special need and may be given full time or part time, temporarily or on an indefinite basis.

A. Temporary--in acute illness or a temporary crisis created by a chronic illness, or by the absence of the member of the family who usually carries responsibility for the aged person.

B. Indefinite--an elderly person is awaiting admission to a nursing home, a hospital, or other institution; or a person or couple wishes to remain at home but is not able to maintain the home alone.

C. Long-Term--in chronic illness where the patient is not expected to recover but the time of change to nursing care or institutionalization is not predictable.

VII. Responsibilities and Contributions of a Homemaker

A. Physical factors of special importance for the elderly:

1. Safety: Remember poor balance, slowed up reflexes. Hazards include light cords, scatter rugs, untied shoe laces, inadequate lighting, gas burners, matches, smoking in bed, waxed linoleum, etc.

2. Steps can be saved the older person by having a small bag or basket to hold such articles as eye glasses, tissues, sewing, books, etc.

3. Because of poor circulation the house or room may need to be warmed than you prefer; older persons need to wear more clothing to keep warm; drafts should be avoided by use of indirect ventilation.

4. Skin care--frequent bathing of older people may cause excessive dryness of the skin with ensuing itching and discomfort. The use of an inexpensive lotion, such as baby oil, daily on feet, legs, arms, neck, even the trunk, reduces itching and adds greatly to comfort.

5. The heart--avoid undue exercise or hurry. Older people are slow in their movements and thoughts; they must not be hurried, especially in the morning when it takes them longer to "get going."

   Promote in the client the habit of standing still, with hand on chair or other support, for a minute or two after rising from bed or chair, to prevent dizziness and possible fall.

6. A comfortable chair, with support for back of head, a table near by to hold glasses, pencil, note paper, and other frequently needed articles, and big enough for a glass of milk or a snack, add comfort and independence. Some people want a foot rest of some kind, which can be improvised.

7. Encourage changes in position often. Help the older person to go to the bathroom, or to the table for meals rather than bringing things to him, as long as possible. Help him dress, rather than dress him. Unless we use our bodies and minds as fully as possible, we lose mental and physical capacities.

B. Nutrition is the key to many ailments:

1. Proper food eaten regularly cannot only build up the person physically, but helps to build a better spirit and drive away depression.

2. Older people, living alone, may skip proper meals until they are weak, dizzy, fearful.

3. Often serving the main meal in the middle of the day, rather than at night, is the answer.

4. Sometimes several small meals a day are better than one or two large ones.

5. Soft foods may be indicated, if the teeth are poor, to prevent indigestion from improper chewing.

C. Mental deterioration--faulty memory, confusion, irritability

1. Avoid accepting gifts; the donor may forget he gave them away and think someone stole them. (A homemaker is not permitted to accept any gift from the family she is serving.)

2. Overlook confused statements and irritability; agree and avoid arguments.

3. Often going along with his train of thought will calm the elderly person and give a feeling of friendliness.

4. Be willing to listen to "ofttold tales."

D. Emotional needs

1. The homemaker is perhaps "the person who cares"--the only person to give T.L.C. (tender loving care).

2. Often the homemaker is in the delicate position of helping people who are physically and emotionally dependent upon her, but who need to retain whatever capacity they have for caring for themselves.

3. Never show impatience with slowness.

4. Accept the patterns already established by years of habit; be careful in introducing something new. Usually there is difficulty in accepting change.

5. The older person is often shy. He may be painfully conscious of his infirmities. Respect privacy; knock on a closed door before entering.

6. Respect human dignity--no one wants to be bossed or jocularly addressed as "Granny" or "Pop."

7. Do not disturb personal effects without permission, such as stacks of magazines, papers, boxes. Be careful what you throw out, if anything. Remember as we get older our ideas change as to what is orderly and neat and important to us.

8. Many elderly persons are childlike. Because of the changes that occur with growing older, it is hard to please the older person completely or for more than a brief period of time. The homemaker must feel satisfied if she has done her best. It can be frustrating and discouraging to be with older people long. But it can also be the most rewarding job if the homemaker really likes the older person, respects him, and finds some fun in the job.

E. Determining and expanding interests

Many elderly people need to be encouraged to become interested in other things--reading, knitting, bird watching. The homemaker can be very helpful in finding out their interests or introducing possible interests and activities.

SESSION VI

THE HOMEMAKER AND THE CARE OF THE SICK

Foreword

The goals of Homemaker Service for families in which there is a sick or disabled person are essentially the same as with other persons and families: to maintain a family during illness or incapacity and/or to strengthen the family's capacity to maintain itself. For the ill person, the homemaker may be asked to perform certain personal care services in addition to her regular homemaking responsibilities. It is important to stress that the professional responsibility for the care of a sick person rests with the attending physician and to such other persons as he may determine necessary for the well-being of the patient. Because the homemaker is not licensed to practice nursing, she carries only such responsibility as has been delegated to her by the attending physician and/or the professional nurse. The homemaker does not replace the services of the nurse but by working in close relationship, performing personal care services based on an individual evaluation of the patient's total health needs, she makes a most valuable contribution to the care and comfort of sick persons and the relief of overburdened family members.

Before the homemaker assists with giving personal care to a sick person, the agency will arrange for a public health nurse to evaluate the needs of the patient and determine with the agency what care can be given to a particular patient by the homemaker. The responsibility of the homemaker may be different with different patients and may shift according to changes in patient's condition. When there is a chronically ill or aged person in the home, the duties delegated will depend upon the condition and situation of the patient and the capabilities of the individual homemaker. The training in nursing skills offered in the area of patient care will give confidence to the homemaker and provide for the safety of the patient.

The public health nurse in cooperation with the attending physician will be responsible for the continuing supervision of the patient's care and the activity of the homemaker in relation to the patient. If an emergency arises the homemaker must call the responsible public health nurse or her supervisor and then the agency for assistance.

The goals of the homemaker in giving personal care to sick persons are: to help provide and maintain normal bodily and emotional comfort; to assist the patient to help himself and encourage him toward independent living; and to maintain functioning in the activities of daily living. As a coworker with the professional nurse, the homemaker carries out the tasks and activities assigned to her as part of the total plan to assist the patient to regain and maintain the highest level of activity possible for him. Well-trained homemakers quickly gain the confidence of the physician, the patient, and the family, who may wish the homemaker to give more care to the patient than has been delegated to her and agreed upon with the supervising public health nurse and the agency. In cases of such requests, the homemaker must carefully explain her responsibilities and refer the request to the supervising public health nurse and the agency supervisor.

Selection of Instructors

This section of the homemaker training should be given by a public health nurse who has had training and experience in teaching. A good resource for instructors is the local Red Cross Chapter. Other resources could be from the faculties of the schools of nursing, the public health department or the visiting nurse association.

Training Section--Personal Care or Health Aid Services

Personal care given by the homemaker in the home, for persons who are ill and/or disabled and for infants, is the service required to help provide and maintain normal bodily and emotional comfort and to assist the patient toward independent living. This section of the homemaker's training includes demonstration, practice, and discussion and is approximately 10 hours in length.

Instructor Reference	Course Content	Student Reference
See foreword.	A. Role of the Homemaker in Personal Care	Red Cross Textbook 7th Edition 1963
See agency's "Administrative Guidelines for Personal Care in Homemaker Service"	1. Limits of Responsilibities.	
	2. Supervision.	
Instructor's Guide "Care of Sick and Injured," American Red Cross, 7th Ed. 1963	3. Importance of emotional support and encouragement of the patient to do as much as possible for himself.	
	4. Recognition of emotional changes during illness.	Pages 132-133
	B. Keeping Patient Clean and Comfortable	
Pages 84-92	1. Giving or assisting patient with bed bath.	Pages 211-217
Pages 103-108 & 111-113	2. Changing the bed linen on an occupied or unoccupied bed.	Pages 230-232
Pages 94-95	3. Care of the mouth in rinsing, brushing teeth, cleaning dentures.	Pages 219-221
	4. Safe disposal of waste and making paper bags. Handwashing, apron, avoiding spread of disease.	
	C. Observation of Symptoms and Recording Them	
Pages 31-34	1. Taking and recording temperature.	Pages 186-193

Pages 36-44	2. Observation of symptoms.	Pages 41-43
See foreword.	3. Notification of changes in patient to supervising nurse.	
	D. Patient Activities	
	1. Importance of change in position.	
Pages 58-70	2. Prevention of bed sores.	Pages 141-143 & 201
	3. Back rub and care of skin.	
	4. Moving patient in bed.	Pages 200-211
Pages 113-118	5. Helping patient in and out of bed.	Pages 243-244
	6. Helping patient to dress.	Pages 239-241
	E. Bowel and Bladder Needs	
Pages 80-83	1. Giving and removing bedpan.	Pages 138-141
	2. Assisting patient to commode and bathroom.	Pages 194-196
	3. Care of equipment.	
	F. Medication	
Pages 126-128	1. Responsibility and liability with regard to giving medicine.	Page 286
	2. Helping the patient follow doctor's orders regarding medication.	

3. Safe storage of medications.

4. Obtaining medicine from pharmacy.

G. Feeding Patient — Pages 37-40

Pages 17-19

1. Feeding bed patient. — Pages 26-36

2. Preparing food trays.

3. Preparation of special diets upon instruction. — Pages 29-36.

H. Special and Occasional Care

Page 94

1. Care and shampoo of hair. — Pages 222-224

2. Arranging for shaving male patients.

3. Care of fingernails.

4. Care of feet and toenails.

Pages 132-133

5. Giving hot water bottle. — Pages 261-262

Page 140
"Strike Back at Stroke"
PHS-DHEW

6. Reinforcing dressings. — Page 150

7. Helping patient with prescribed exercises. — Pages 138-236

8. Helping patient to use orthopedic appliances. — Pages 255-251

9. Accompanying patient to clinic, doctor's office or on walks.

I. Emotional Aspects in the Care of Patients With Terminal Illness

1. The patient.

2. The family.

3. The homemaker.

R. C. Inst. Guide Mother & Baby Care

J. Care of Infants

	1. Responsibility of adults for safety of children	Pages 102-104
Pages 72-79	2. Bathing and dressing baby.	Pages 303-307
Page 38	3. Diapering baby and caring for diapers.	Pages 303-307
Pages 24-25	4. Handling the baby.	Pages 298-303
Pages 39-40	5. Formula preparation.	Page 307
Pages 40-41	6. Feeding and burping baby (breast and bottle).	Page 308

SESSION VII

THE HOMEMAKER AND MENTAL HEALTH

Good mental health is evidenced by the individual's ability to meet people, face and handle problems, accept responsibility, and live effectively and satisfactorily with others.

Understanding the basic concepts of good mental health will enable the homemaker to be helpful and useful to the people she serves. Her presence in the home can bring friendly understanding and warmth to those who might be isolated by age or disability. Because the Homemaker Service represents the community's interest in the well-being of its residents, the homemaker frequently acts as a liaison person between the home and the outside world. Her interest in the individual and family frequently can strengthen their ability to meet and handle stress situations in daily living.

A disturbance in the person's way of life, particularly in his emotional attitudes, is the fundamental cause of mental illness. This type of illness has been stigmatized through the ages and there is still a great deal of fear and lack of understanding about it.

Mental illness is an illness like any other, but has symptoms different from those to which we are accustomed, such as pain, fever, and nausea. Both physical and mental breakdowns are misfortunes, but there is no reason to regard one as any greater than the other. There should be no more stigma attached to a disordered mind than to disordered digestion or circulation.

I. Concepts in Mental Health

The explosive growth of new knowledge in the field of medicine has changed the outlook toward the individual with emotional problems.

A. Conceptions

1. The concept of illness has broadened. Rigid lines between mental health and mental illness are no longer accepted.

2. Everyone reacts in one way or another to the intensive pressures of daily living, but in different degrees.

3. When the situation in which the individual finds himself becomes too painful to face, he may tend to "run away" and withdraw from the real world he lives in. This can happen to anyone at any age. For example, the loss of a loved one through death or desertion may be more of an emotional deprivation than an individual can adjust to without help, whether child or adult.

4. Loneliness or the loss of the all-important sense of being needed and loved may result in a marked change of the whole personality.

5. Mental health is affected by the degree of positive or negative reaction the individual experiences in time of stress. When emotional needs or problems get too much out of balance, the individual may behave or react in unusual ways. Sometimes such reactive behavior may be harmful to the individual himself or to others.

6. New concepts in treatment (outpatient, community-oriented, early detection of symptoms, limited community resources, etc.).

B. Misconceptions

1. Fears--raving maniac, can never get better, possessed by devil.

2. Unfit for employment.

II. Differences in Individual Reactions

Unusual behavior is not necessarily an indication of mental illness. Each person reacts in an individual way.

A. Some people deny their unhappiness or sense of loss by behaving as though the problem did not exist. Their emotional reactions

may be contrary to what one would expect in a given situation; i.e., the individual may act elated or overjoyed, when in reality he feels grief or sadness. This "running away" may be temporary, or it may result in a long-term illness.

B. Frequently the individual isolated in the home because of age or illness develops rigid patterns or does things in a set way. These peculiarities may take on too great importance in the eyes of the observer; childish behavior, selfishness, violent dislikes against people or things, belief that "people are against me," or an outright expression of hatred.

C. Everyone has experienced emotional depression or disappointment at some time. Some people become so depressed and withdrawn that they verge on becoming mentally ill.

D. When unusual behavior is uncontrolled, an evaluation by the physician is needed to determine the degree of mental disturbance.

III. The Role of the Homemaker

A. Firsthand observations are transmitted to the supervisor of the Homemaker Service to assure appropriate care for the person.

1. The most important contribution of the homemaker, when she has noticed unusual or markedly changed behavior, is to share her observations with the supervisor of the Homemaker Service. The supervisor transmits this information to the person's physician.

2. Observations supplied by the Homemaker Service are valuable to the physician, whose responsibility it is to evaluate the extent of illness and to plan for care and treatment, possibly including psychiatric study.

B. The homemaker's acceptance can help the patient who has been discharged to his home after treatment in a mental hospital.

1. Mental patients are people so sensitive that they may have retreated into an unreal world rather than endure the hurts of life. Restored to reality, they still need understanding, kindness, acceptance, and constructive sympathy to help them maintain their self-confidence and enable them to shoulder their responsibilities once more.

2. By understanding that the patient is a human being in trouble, the homemaker can help him gradually to assume his normal place in the family unit through patience, kindness, and efficient conduct of her duties. As she does not attempt to diagnose or treat the physically ill person, so she recognizes the same limitations toward the emotionally disturbed person.

3. The homemaker should follow carefully all recommendations made by the mental hospital as to medications and care.

Suggested Teaching Methods

1. Field visit to St. Elizabeth's Hospital.

2. Psychodrama--role of homemaker with mentally ill persons.

3. Films.

4. Case discussions illustrating types of cases and role agency.

SESSION VIII

THE HOMEMAKER -- NUTRITION AND HOME MANAGEMENT

TABLE OF CONTENTS

Introduction

Part I ..... The Science of Nutrition

Part II ..... Meal Planning

Part III ..... Sample Meal Plan

Part IV ..... Marketing Tips

Part V ..... Storing Food Safely

Part VI ..... When You Cook

Part VII ..... Special Needs and Problems

Part VIII ..... Housekeeping Duties

Appendix

Introduction

This part of the manual tells you how to go about your job and help your families with the skills of daily household routines.

While helping a person or a family, it may be necessary to teach kitchen routine and housekeeping techniques needed to carry on normal living. You may be teaching the patient, or the well members of the family, whether young or adult.

One way to do this is with a written plan. The advantages are four in number. It:

1. Enables the individual or family member to know what tasks must be done each day.

2. Gives the family some feeling of mastery over the problem of housekeeping.

3. Renoves much of the nervous strain that can come from confusion and indecision.

4. Tends to lessen the fear and anxiety that come from inability to meet situations as they arise.

Carefully prepared written plans soon become part of a family's everyday life. They are something to work by, yet are adjustable to a variety of daily situations and demands.

Use can be made of the numerous pamphlets on nutrition, meal planning, and care of the home that are available at little or no cost from the U.S. Department of Agriculture. Some of these you have already received.

Eat a Good Breakfast to Start a Good Day (L-268)

Essentials of an Adequate Diet (HERR #3)

Family Fare (G-1)

Family Food Plans and Food Costs (HERR #20)

Food and Your Weight (G-74)

Food for Families with School Children (G-13)

Food Guide for Older Folks (G-17)

Improving Teenage Nutrition (1959 - Title)

Nutrition--Up to Date, Up to You (GS-1)

Family Meals at Low Cost (PA-472)

Money-Saving Main Dishes (G-43)

How to Prevent and Remove Mildew (G-68)

Removing Stains from Fabrics (G-62)

Visual aids are also available.

Part I

The Science of Nutrition

Why Good Food?

The science of nourishing the body properly is a simple definition of nutrition. Good nutrition provides for the body's growth, maintenance, and repair.

Food does three jobs for a person at any age.

1. Food furnishes energy to the body. Carbohydrates, found in starches and sugars, are a form of body fuel. They furnish a large proportion of the energy required to maintain the body at normal temperature, and help the body do its daily work. Fats are another form of body fuel.

2. Food helps build and repair tissues. Proteins, found in meat, egg white, milk, and cheese, help to build and repair muscle tissue. Minerals like calcium and iron are necessary for bone growth, and water is an important part of almost all tissues. All are needed for the upkeep of the tissues, and extra amounts are required for the growth period.

3. Food sustains regulators that enable the body to use other materials for efficient body function. Vitamins do important work, together with minerals and proteins.

Part II

Meal Planning

One of the homemaker's most challenging problems is the need for planning meals that are healthful and satisfying. At the same time, the meals should be colorful, inexpensive, and easy to prepare.

If the mother is unable to make the food plans herself, the homemaker should discuss the plans with her or with other members of the family. In planning meals, follow the family's basic food patterns as closely as possible. Respect the family food customs and religious practices, and their nationality and geographic food customs. Try to understand that an adequate diet may be provided by many different combinations of food. When changes are necessary in existing patterns to achieve a nutritionally adequate diet, introduce them slowly, with maximum respect for family likes and dislikes and income limitations. The homemaker must bear in mind the family food budget. She must watch not only what she buys, but where and when.

A nourishing diet can be achieved on the basis of a low-cost food plan or on a moderate or a liberal one, but obviously it takes more careful planning to have an adequate diet when the income is low. The meals then will also be less varied.

Moderate and liberal budgets can provide far more variety in the daily diet. Larger amounts of meat, eggs, fruits, and vegetables can be bought.

If food costs must be cut down it is usually necessary to reduce the quantities of meat, poultry, and fish as well as of the more expensive vegetables and fruits. To substitute for these items without sacrificing the necessary daily food requirements means more use of dried beans, peas, potatoes, cereals, and cheese.

In either case, try not to change the quantities of milk or milk products, dark green and deep yellow vegetables, and tomatoes and citrus fruits.

Meals should be planned several days in advance. That saves shopping time because marketing lists made from menus mean fewer store visits. When planning menus, include alternate choices to allow for availability, quality, and price. Try new items when usual foods are scarce and expensive. Remember that the cost of food can be reduced by buying it

in large quantities as practical. Comparing prices in more than one store may save pennies.

Planning allows for less monotonous, better balanced meals since there is time to check for variety and daily requirements. Members of the family will take more interest in the food served if given a chance to help in meal planning.

Use contrast in food colors, flavors, and textures. Bright colored, crisp food can brighten eye appeal and improve the appetite.

Part III

Sample Meal Plan

Breakfast

Fruit
Cereal and milk
Bread and butter
Milk or cocoa for children
Coffee for adults

Dinner

Meat or substitute
Potato
Cooked green or yellow vegetable
Simple pudding or fruit
Milk for children
Coffee or tea for adults

Lunch or Supper

Egg or cheese dish
or
Milk soup
or
Salad with meat or egg
or
Vegetable plate with cube of cheese
Bread and butter
Simple pudding or fruit
Milk for children
Coffee or tea for adults

The above basic general menu plan is a good place to start when planning the weekly menu. Several general headings have been used and perhaps need explanation:

1. Fruit--may be fresh, canned or frozen, whole or juice.

2. Cereal--may be cold or hot.

3. Meat--may be any meat, fish, or poultry.

4. Meat substitute--may be cheese, egg, or dried bean dish.

5. Simple pudding--may be custard, tapioca or cornstarch variety.

6. Milk soup--may be chowder or milk based soup.

Part IV

Marketing Tips

As was already noted, with good planning and prudent shopping even a low income normally permits a nutritious diet. The key is substitutions of less expensive for more expensive food of the same nutritional value. The following 14 suggestions should help:

1. Buy for cash. It is more economical, and saves in the long run.

2. Compare prices advertised in the newspaper or in store windows. Most stores have "specials" priced below regular levels. These suggest best buys. Don't be tempted, however, by what appears to be a "good buy" on an item beyond your price range (steak when you should be buying hamburger).

3. It is usually cheaper to buy staples and plain ingredients rather than processed or ready-mixed foods. For example, buy a head of cabbage rather than a package of cole slaw, plain macaroni and plain cheese rather than a packaged mix, potatoes and mayonnaise rather than potato salad. However, there will be times when the saving in time or the lack of use for leftovers or of a place to store them makes it worth while to buy such labor-saving foods.

4. Buy in quantities as large as is practical. Don't buy more more than you can store adequately and use in a reasonable time.

5. Buy foods that are in plentiful supply. Seasons don't mean as much as they did a few years ago, but many items still have relatively large seasonal increases in supplies and therefore reductions in price. Foods, particularly fresh fruits and vegetables, are cheaper and better at their seasonal peaks.

6. Buying meat requires consideration of quality, cut, and particularly the amount of waste. The amount of inedible bone, fat, and gristle is an important factor in buying beef, pork, lamb, and veal. Short ribs of beef may cost less per pound than hamburger, but yield only one-third or one-half as many servings per pound. Think in terms of cost per serving rather than cost per pound. Lower grades of meat have less fat and often offer more for your money.

Consider the more inexpensive cuts of meat, flank, neck, shin, chuck, heart, liver, and kidney. Skillfully cooked, these are delicious and offer excellent nutritional value. Remember that you can "stretch" meat flavor by using small quantities in casserole dishes with such "extenders" as vegetables, potatoes, macaroni, and rice.

7. Chicken as a good buy. Chicken is now one of the better meat buys. A few years ago it was a luxury. With a very few exceptions, today's fryer is an all-purpose bird that can be prepared by most cooking methods. It is also the best bargain in buying chicken. A few pennies can be saved by purchasing a chicken whole rather than cut up. Parts not used in the main dish, such as the neck, back, gizzard, and liver, make excellent broth or gravy, and the meat from these parts can be used in casserole dishes.

8. Fresh fish a budget-stretcher. Inquire about the varieties of fish available in plentiful supply at the time of shopping. Whole fish are cheaper than steaks or fillets. Remember, as with buying meat, think in terms of price per serving rather than price per pound. You will find there is little or no waste in a fish steak or fillet. On the other hand, if you are preparing a fish chowder, use can be made of the head and other parts. This may be your best buy. And perhaps most important of all, be sure what you buy is fresh and has been properly stored and refrigerated.

9. Choose wisely among canned and frozen foods. In canned foods, you often use second or "utility" quality when you are buying for use in stews and casseroles. Reserve your purchases of top quality vegetables "as is" or in plain cooked dishes. Avoid nationally advertised brands and buy the cheaper, but usually as good, brands under supermarket labeling. Compare carefully the cost per serving when choosing among fresh, canned, and frozen forms of the same food. For example, a pound of fresh peas in the pod will make only about two half-cup servings, but a regular-size package of frozen peas will serve three or four.

   When buying frozen food, be sure what you are buying is frozen solid and has no evidence of having been thawed; refreezing lessens the quality of frozen food.

10. Lower grades of eggs-- the B and C grades are good for uses where appearance and delicate flavor are not of main

importance--baked dishes, custards, cakes, sauces, and salad dressings. Top quality eggs are used when they are to be served poached, fried, or soft cooked. In the late summer and fall it is usually cheaper to buy medium or small eggs rather than the large ones, but you will want to inquire into the price per ounce before making this decision. For the most economical buying, large eggs must weigh 24 ounces per dozen; medium, 21 ounces; and small, 18 ounces.

11. Milk can be bought in many forms-- choose the one best for the family. Whole fresh milk is cheaper when bought at carry-home stores or supermarkets than when delivered to the home. Evaporated milk is cheaper than fresh milk and is equivalent in nutritive value. Evaporated it can be substituted for any use to which milk is put, but it is particularly useful for cooking. Instant nonfat dry milk is even cheaper and can be used for many purposes. This form is easily reconstituted and is palatable when well chilled. It can be added to many dishes to improve their food value. It lacks the butterfat content of whole milk, but can be safely used by the whole family if the rest of the diet includes sufficient butter or fortified margarine. Instant nonfat dry milk is an excellent food for a weight-reducing diet.

12. Fresh fruits and vegetables in season are usually cheaper than the same items canned. However, this is not always true, so compare fresh and canned as a purchase by our standard rule, price per serving. Apparent freshness and eye-appeal are as good a criterion as any in selecting vegetables. Consider also the possibility of buying slightly damaged or bruised produce that has been reduced in price for quick sale, if you can use it promptly. It may be a good buy.

13. Even bread and cereal offer a choice. Loaves of bread are generally the best buy, rather than rolls or crackers. Consider whether you can use day-old bread, which is usually sold at reduced prices. Cereals that require cooking, such as oatmeal, are cheaper per serving than ready-to-eat dry cereals. Select the quick-cooking varieties for maximum convenience and economy. Be sure to buy enriched bread, and vary your routine with whole-wheat or other dark varieties from time to time.

14. Butter or oleomargarine? Margarine that is fortified is nutritionally a good substitute for butter and yet may cost less than half as much. Use it where you can if your budget is important. Remember you can use leftover drippings for a variety of cooking purposes, so save beef and bacon fat if you want to make this saving too.

Part V

Storing Food Safely

Meat, poultry, fish. It is necessary to keep those foods cold, so store them in the refrigerator at 30 to 40 degree F.

Poultry, fish and fresh meat such as roasts, chops, and steaks should be allowed some air. Loosen any tight coverings. Cover the food again loosely and use within a few days.

Ground fresh meat and variety meats, especially liver and brains, spoil more quickly than others. Store loosely wrapped; cook within 1 to 2 days for best flavor.

Cured and smoked meats, such as ham, frankfurters, bacon, and sausage, smoked or unsmoked, may be kept tightly wrapped while it is stored in the refrigerator. They keep longer than fresh meats, although bacon and sausage are likely to change flavor.

Keep cooked meat, poultry, fish, broth, and gravies covered and in the refrigerator. Use within a few days.

Eggs. Eggs retain quality well if they are refrigerated. An egg carton or covered container helps prevent loss of moisture through the porous shell. Eggs should be stored small end down to keep the yolk centered.

Fresh fruits and vegetables. For best eating, most fruits and vegetables should be used fresh from the garden or orchard. But if they must be held a few days, follow the storage guide below.

It is often best to let certain underripe products ripen before putting them into the refrigerator. If fresh and sound, avocadoes, peaches, pears, plums, and tomatoes will ripen in the open air at room temperature.

Storage Guide

Keep refrigerated and covered:

Asparagus
Beets
Beans, snap or wax
Broccoli
Cabbage
Carrots
Cauliflower
Celery
Corn, husked
Cucumbers
Greens
Onions, green
Parsnips
Peas, shelled
Peppers, green
Radishes
Turnips

Keep refrigerated, uncovered:

Apples (mellow)	Corn, in husks	Peas, in pod
Apricots	Grapes	Plums
Avocados	Nectarines	Tomatoes
Berries	Peaches	
Cherries	Pears	

Keep at room temperature or slightly cooler (60 to 70 degree F.)

Apples (hard)	Melons	Rutabagas
Bananas	Onions, dry	Squash
Grapefruit	Oranges	Sweet Potatoes
Lemons	Pineapples	
Limes	Potatoes	

Corn stays fresh longer if not husked, but whether husked or unhusked, it loses its sweet flavor and becomes starchy very rapidly. Carrots and beets wilt less with the tops removed. Potatoes should be stored in a dark place to prevent budding. To keep berries in best condition, pick them over and store them unwashed in the refrigerator. Watch berries for mold.

Fats and oils. Refrigerate lard, butter, margarine, drippings, and rendered fats, and opened containers of salad oils. Hydrogenated fats (certain shortenings sold under brand names such as Spry, Crisco, Swiftning) can be kept at room temperature. Keep all covered.

Opened jars of salad dressing should be kept in the refrigerator for finest flavor. To retain salad dressing's smooth texture, keep it from freezing.

Canned foods. Store in dry place at room temperature, preferably not above 70 degree F.

Frozen foods. Keep in freezing unit of refrigerator for not more than one week; for longer storage keep in a freezer at 0 degree F. Refreezing after thawing lowers quality.

Dried foods. Store dried fruits in tightly closed container at room temperature, preferably not above 70 degree F. In warm, humid weather, move them to the refrigerator.

Store dried eggs in unopened packages in a cool place (not over 55 degree F.), preferably in the refrigerator. After opening, keep in tightly covered can or jar in refrigerator.

Instant dry whole milk does not keep as well as instant nonfat dry milk because of its butterfat content. After the container has been opened, instant dry whole milk should be stored, tightly covered, in the refrigerator.

Store instant nonfat dry milk in a closed container at room temperature (preferably not above 75 degree F.). After reconstituting dry milk, refrigerate it as you would fresh fluid milk.

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Part VI

When You Cook

Have recipes ready. It's easier to get variety into meals when recipes are handy. So keep your favorite recipes where they remind you quickly that there is more than one way to combine, cook, and season food. And, by all means, try something new now and again. The Washington newspapers often have excellent suggestions on foods in season and how to prepare them in new and different ways.

Avoid a last minute rush. Preparing meals is less hurried and tiring when some of the food is partly or fully prepared in advance. You are following through effectively when you cook by up-to-date methods that keep vitamins and minerals from being lost.

Use leftovers to advantage. Nobody likes too many leftovers, but they can if well planned save time and money. Many nutritious casserole dishes and desserts make good use of leftovers. For example, egg yolks can substitute for whole eggs in many recipes. If bread is a bit dry, it is just right for French toast. Other leftovers have a way of adding food value or a fresh new touch; bits of leftover fruit in muffins, leftover vegetables in an omelet, and scraps of meat in a macaroni dish are just a few examples. Store leftovers well covered in a cold place and use them up promptly. To put variety into a later meal using leftovers is often better than serving the food the same way again.

Conserve fuel by using these hints:

1. When food has started to boil, it will continue to cook if the heat is turned very low.

2. Cook foods only until tender; over cooking wastes fuel and may destroy the attractiveness and food value of the dish.

3. One-dish can save time and fuel.

4. When using the oven, plan double or triple use of it. Starting with a meat loaf, for example, you can bake potatoes and a cake with little or no extra cost.

5. A one-burner portable oven is often very satisfactory for baking.

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6. If you are preparing small quantities, you can cook in both the top and the bottom of a double broiler, pudding in the top half, for example, and carrots in the bottom.

7. While serving some raw fruit and vegetables each day for good nutrition, you can also save fuel.

Making do with the equipment you find.

You will not always find the kitchen equipment that you are accustomed to or that may ideally be needed. Don't be discouraged, because with even a single burner electric hot plate or a small gas unit, balanced, varied, and nourishing meals can be prepared with a little know-how on the part of the homemaker.

Preparing a one-dish meal is a good way of solving the problem. Into a single pot go both the vegetables and the meat or other protein food for a nourishing main dish. Examples are Irish lamb stew, braised liver or pot roast with vegetables, beef stew, braised short ribs with vegetables, ham and vegetables or fish chowder, and New England boiled dinner, and there are many more. Add a raw vegetable or a crisp salad, bread and butter, a beverage, and perhaps fruit or a simple dessert to round out the meal, and it would be a credit to any kitchen.

When time permits, a series of dishes can be prepared on one burner and kept hot until serving time. A cast iron or cast aluminum frying pan or kettle with a tight fitting lid is good for keeping one dish hot while another is cooking. For example, you might first prepare a dessert that requires cooking but can be served cold, such as a simple pudding or stewed fruit. Ground meat could then be cooked in a frying pan to be combined with, let's say, leftover macaroni and canned tomato sauce for a main dish. This should be set aside, tightly covered, while frozen green beans are being quickly cooked. Finally, the coffee, tea, or cocoa can be made while the meal is being served.

In dealing with insufficient cooking facilities, a double boiler is a help. Many dishes stay warm and appetizing over the hot water. Creamed eggs can be handled in this way while frozen peas are being cooked. Or a "double boiler meal," say fish chowder, can be completed with a salad or a raw vegetable such as sliced tomatoes or cucumbers.

Part VII

Special Needs and Problems

I. When the Mother Is Ill or Absent

Keep to the family's usual routines, particularly the meal hours. Crises and prolonged illness can easily upset family schedules. Eating together and sharing the experiences of the day is a means of maintaining family ties, particularly during times of stress. Have the mother or other ill family member eat with the family if at all possible. Encourage other family members to share the work and responsibility for meal preparation. Working together lightens burdens and gives comfort to others.

II. Children have different growth rates and food requirements.

Preschool Children

A. Children are imitators and keen observers. It is well known that children are likely to develop a wholesome attitude toward food if parents and other family members set a good example. Start good habits early for the sake of health and happiness.

B. Serve uncomplicated foods, finger foods, and nourishing desserts, such as simple pudding. Never force a child to eat.

C. Give children small servings; a heaping plate may be discouraging. It's better for a child to form the habit of cleaning his plate and asking for a second helping if he wants it.

D. Introduce a new food to a young child in sample tastes, and at the start of a meal when he is most hungry. If he doesn't like it at first, don't force the matter but try again another day. A happy, tension free mood at mealtime contributes to the enjoyment of eating.

The School Child

A. Good food habits need to be encouraged at every age level. For example, youngsters frequently get careless about eating a good breakfast. Make sure they get up in time to sit at the table and eat a nourishing, relaxed breakfast. Their day will be better for it.

B. All food should be chewed thoroughly, not washed down half chewed with milk. This part of digestion takes place in the mouth.

C. Stick to a meal schedule, even during vacations.

D. Nourishing between meal snacks have a place with active young people and help to allay the craving for sweets, ice cream cones, and the like. While a moderate amount of sweets is not harmful, most boys and girls will eat more of this sort of food than is good for them if meals are not sufficiently satisfying. Nibbling can be a bad habit because it destroys the appetite for needed mealtime foods.

E. Adolescents grow rapidly and need generous amounts of nourishing food to meet the demands of growth, activity, and various changes going on in the body. An adequate diet protects teeth, and keeps up resistance to infection.

F. Learn to expect erratic food habits in adolescence. Scolding may not be of much value in dealing with fussy food habits at any stage.

G. Lunches prepared at home for school children to take to school can be attractive, appetizing, and economical. Lunches should be planned ahead and should include some of the food essentials needed every day. It is easier to prepare the lunches and to make best use of leftovers if you include lunches in the meal plans for the week.

III. The Elderly

A. The elderly continue to need nourishing foods even though they may not have strong appetites. They may have developed faddy food habits or become addicted to "wonder diets." Beware of these tendencies to overemphasize some foods and to ignore others that are important.

Fears of acid mouth, sour stomach, or nausea often deter elderly people from eating a proper variety of food. Such complaints are often signs that better food habits are needed, food that is more varied, not less so. Cheese, for example, isn't hard to digest when eaten as part of a meal, but the stomach may object to cheese eaten after a heavy meal.

IV. Weight Control

An overweight person needs to eat three balanced meals a day; starvation is not the answer to extra pounds, but reduction of normal caloric intake is needed. This will probably require change in both the kind and quantity of food consumed. Foods are needed each day from the following groups:

> Milk and cheese. Skim milk, fresh or instant dry, buttermilk, yoghurt, and cheeses made from skim milk, such as cottage cheese, are lower in calories than other types of milk and cheese.
>
> Meat, poultry, fish, and eggs. Fat should be trimmed from meat, and all foods should be prepared and served with a minimum of grease or fat. No rich sauces or gravies.
>
> Vegetables and fruits. Serve a variety, including potatoes, but serve them plain--vegetables without cream sauces or butter, fruit without cream or sugar.
>
> Bread and cereals. Whole grained and enriched kinds should be served in small amounts. They are more nutritious and contain no more calories than plain white breads, and cereals that have not been enriched.

Avoid high calorie foods such as the fat on meat, cooking fat, salad oil, fried foods, gravies and rich sauces, nuts, pastries, cakes, cookies, rich desserts, candies, jellies, and jams, and alcoholic and sugar sweetened beverages.

Watch the amount of food eaten. Small servings mean fewer calories. Some people find it best to make a hard and fast rule against eating between meals. Others find it easiest to reduce their total intake by eating more frequently. A piece of fruit, raw carrots or celery, or perhaps a simple dessert saved from a meal make good snacks when the aim is reducing weight. And remember that weight reduction does not call for loss of variety; a good variety offers a person a better chance that he will be meeting the body's minimum needs than does limiting himself to just a few.

If underweight, a person needs three balanced meals daily, just as people overweight do. But to these meals you can freely add the extras shunned by the weight reducers: gravies and desserts, salad dressing, and jams and preserves. Large servings and seconds at meals can be taken also, choice of between meal snacks, provided the snacks don't interfere with regular meals by reducing the appetite unduly.

V. Cooking for the Invalid

Good food is even more necessary in illness than in health. Three main factors should be considered in planning food for an invalid; the orders given by the doctor, the likes and dislikes of the patient, and the budgetary limitations of the family. It will be easier, of course, if the patient can be served food as much like the family diet as possible.

Appetites often lag during illness, just when a nourishing diet is so important. Here are a few hints on how to make food attractive to the invalid--all it takes is a little time, thought, and but little additional money:

A. Small servings are best, just as they are for small children.

B. Make the tray attractive. Use a gay napkin, a flower, or a piece of greenery, small items of colorful china, such as individual creamer and sugar bowl.

C. Give a bit of thought to garnishing the food. Paprika, a sprig of parsley, a wedge of lemon, or a spoonful of bright colored jelly will often do the trick.

D. Serve hot food hot and cold food cold. Warming the chinaware before serving hot foods is a thoughtful touch that helps. Use the oven or hold the dishes under hot water for a moment to warm them.

Follow the doctor's orders about food for the sick person. If a special diet is called for, follow it strictly; it is an important part of the medical routine and is important to the recovery of the patient. Liquid diets are sometimes specified, and these will probably include fruit juices, cream soups, milk shakes, eggnogs, and clear soups and broths. A "soft diet" will include those liquids plus well-cooked cereals, soft cooked eggs, milk toast, custards, and ice cream. Most convalescents will have a normal diet, but for them be sure to remember the two basic rules--small servings and attractive service.

Part VIII

Housekeeping Duties

I. "Order is Heaven's first law."

It is one thing for a woman to run her own home efficiently, quite another thing for her to assume responsibility for homemaking services in the homes of others.

Homemakers will work in up-to-date houses with modern equipment, and in very poor dwellings of only one or two rooms with very primitive equipment. Homemakers must learn to adapt their knowledge and experience to new situations making do, for example, with unfamiliar equipment or with insufficient equipment.

The homemaker will often be both the manager who plans the work and the worker who carries out the plans. Homemakers should plan housework schedules to fit the family's existing daily, weekly, and in some cases, monthly routines. When there is much to do, the homemaker recognizes priorities in the case of the individual family.

The plan should be flexible enough so that it can be adjusted to meet unexpected interruptions, delays, demands, and still remain a reliable guide.

When possible, tasks should be divided, so that family members will carry a fair share of responsibility.

The homemaker should try to work amicably and harmoniously with every member of the family. If she can handle emotional entanglements without a display of feeling and take things as they come, she will be most effective.

The training course will provide the prospective homemaker with a broad knowledge of household techniques. It should help to develop new skills, new work habits, and, particularly, new attitudes toward homemaking tasks.

II. Routine Tasks

There are chores that must be done daily, weekly, monthly, and seasonally for every family. How to do them and when to do them varies with each family, and must be done according to their usual procedure. Any new innovations, cleaning products, or equipment must be carefully suggested. Not everyone agrees on the best cleaner, the most adequate detergent, or the most efficient vacuum cleaner.

Normally, chores that must be done daily are the following: washing dishes, making beds, packing lunches, planning meals, preparing lunch and dinner, tidying the kitchen, emptying the trash and garbage, and attending to personal laundry.

Chores that need to be done twice a week are: grocery shopping, sweeping floors, dusting furniture, washing bathroom fixtures, laundering, and ironing.

Once a week jobs usually are: changing bed linen, dusting floors, vacuuming rugs, scrubbing kitchen and bathroom floors, and defrosting and cleaning the refrigerator.

To do these routine chores efficiently, the homemaker should evaluate the home situation on her first day so that a daily routine can be established. The homemaker should notice what equipment is available, the supplies of cleaning materials on hand, and in general what are the most important tasks to be completed first. If the mother is present in the home and well enough to communicate, the homemaker must take her directions from her. If, however, the mother is too ill or absent, then and only then may the homemaker go about her chores according to the homemaker's own method and routine.

Use available cleaning supplies economically. When additional cleaning and household supplies are needed, choose standard, proven products rather than expensive new items. Aerosol cans, for example, are always more expensive than the same quantity of the product in an ordinary tin or bottle. Household ammonia is a good cleaning agent when diluted with water according to directions on the container. It is excellent for windows, ovens, and many other uses, and it is very inexpensive. Washing soda (sal soda) can be used weekly on drains.

Dishwashing is one of the most time-consuming tasks of the homemaker and the one most frequently repeated. Because of its monotony, it should be done as efficiently as possible. If the dishwashing technique used in the home is slow or not sufficiently careful to guard against insanitary conditions, the homemaker should tactfully attempt to change the methods employed. Dishwashing is a good task for family participation--perhaps a chart could be established assigning the task to family members, to be followed whether or not the homemaker is present.

The homemaker will do a limited amount of washing, ironing, and mending of necessary clothing for the patient and the family. She will plan for having the heavy laundry done at a laundromat or a commercial laundry. If equipment is available in the home, she may be able to interest a

family member in taking over this responsibility.

Occasionally it may be necessary for the homemaker to shop for new clothing for family members, for example, when children are returning to school in the fall. Before undertaking this responsibility, she should consult the parents as to their buying habits, preferences, and budget limitations. And when out shopping for the family, she should not be influenced unduly by the whims of the children; her obligation in this matter is to the parents.

III. Be Prepared for Emergencies

It is a good idea for the homemaker, shortly after arriving in a new home, to assemble a list of data that may be needed in case of emergencies. These include not only the telephone numbers for the doctor, the druggist, the police, the fire department, the rescue squad, and the husband's phone at work, but also such things about the house as the location of the fuse box, the thermostat, the cut-off valve for the water system, and perhaps other things which she will need to know not only in dealing with daily routines, but for the unexpected as well.

APPENDIX

What Do We Eat And Why?

I. What do we eat?

We group the foods we eat, and this is a major part of a food plan or budget. In the daily food plan, general groupings are listed. However, more groupings are included to list all types of food that a housewife needs to provide nutritionally adequate meals for her family.

The foods that have similar nutritional value or place in the menu are grouped together. Foods in each group provide about the same nutrients, but not in the same amounts.

A. Milk, Cheese, Ice Cream

Milk-fresh fluid, whole and skim, evaporated, dry, buttermilk, is our leading source of calcuim; provides high quality protein, riboflavin, vitamin A, and many other vitamins and menerals.

To substitute cheese for milk would require 1 pound cheddar-type for 3 quarts of milk; 4 ounce package of cream cheese for one-fourth cup of milk; 12 ounce container of cottage cheese for one cup milk; 1 quart of ice cream for 1 pint of milk. These foods may be used as alternates for part of the milk.

B. Meat, Poultry, Fish, Eggs, Dry Beans, Peas, and Nuts

Meat, poultry, and fish are important primarily for their high quality protein. Foods in this group also provide iron, thiamine, riboflavin, and niacin. Liver is a good source of vitamin A as well.

Eggs are a source of high quality protein, iron, vitamin A, riboflavin, and vitamin D, in addition to some calcuim and thiamine.

Dry beans, peas, and nuts contain protein that is good but of lower quality than the milk, meat, and egg groups; they also furnish some calcium, iron, riboflavin and niacin.

C. Grain Products

Whole grain products, or those enriched with added vitamins and minerals or restored to whole grain value, provide significant amounts of iron, thiamin, riboflavin, and niacin. Foods in this group also provide protein and calories.

Included in this group are: bread and other baked goods made with flour or meal from any grain; cereals to be cooked and ready-to-eat cereals; rice, barley, hominy, noodles, and macaroni.

D. Citrus Fruit, Tomatoes

Citrus fruits are main sources of vitamin C. This group includes grapefruit, lemons, limes, oranges, tangerines, and tomatoes.

E. Dark-Green and Deep-Yellow Vegetables

These vegetables are rich in vitamin A. They also provide worth while amounts of riboflavin, niacin, and some calcuim. Broccoli, some of the dark-green leafy vegetables, and sweet potatoes offer vitamin C as well.

This group includes: broccoli, chard, collards, kale, spinach, other dark greens, green peppers, carrots, pumpkin, yellow winter squash, and sweet potatoes.

F. Potatoes

Potatoes contain a number of nutrients. Because of the quantities in which they are eaten, they can become quite important as a source of vitamin C.

G. Other Vegetables and Fruits

Other vegetables and fruits help toward a good diet, with small quantities of several vitamins and minerals. However, they should not be substituted for fruits and vegetables in the groups rich in vitamins A and C. Some of the vegetables and fruits in this group are asparagus, beets, brussel sprouts, cabbage, cauliflower, celery, corn, cucumbers, green lima beans, snap beans,

lettuce, okra, onions, peas, rutabagas, sauerkraut, summer squash, turnips, apples, bananas, berries, and dates.

H. Fats and Oils

Butter and margerine are rich sources of vitamin A. Vegetable oils provide essential fatty acids. All fats furnish many calories, so it is suggested that some table fat be used daily, and other fats and oils as needed in food preparation.

Included in this group in addition to butter and margarine are mayonnaise, salad dressing, salad and cooking oils, fat drippings, lard and other shortenings.

I. Sugars and Sweets

Sugars, syrups, and other sweets are useful mainly for the calories they provide for body energy.

Use of sugar should be in cooking and at the table. This group includes any kind of sugar; granulated (beet or cane), confectioners, brown, and maple, molasses or any kind of syrup, or honey, jams, jellies, and preserves, candies.

II. Why do we eat?

People have always known they must eat to live; children to grow normally and adults to keep strong. But food can do more than satisfy hunger and carry psychological and social values. Modern science shows that all of us can add years to our life and life to our years if we eat a nutritionally adequate diet.

A. Protein:

1. Helps build and repair all tissues.
2. Helps form antibodies to fight infection.
3. Supplies food energy.

B. Fat

1. Supplies a large amount of food energy in a small amount of food.
2. Supplies essential fatty acids.

C. Carbohydrate

1. Supplies food energy.
2. Helps the body use other nutrients.

D. Vitamin A

1. Helps keep the skin and mucous membranes healthy and resistant to infection.
2. Protects against night blindness.

E. Thiamine or Vitamin B_1

1. For a normal appetite and digestion.
2. For a healthy nervous system.
3. Helps change substances in food into energy for work and heat.

F. Riboflavin or Vitamin B_2

1. Helps the cells use oxygen.
2. Helps keep vision clear.
3. For smooth skin, without scaling around mouth and nose, or cracking at the corners of the mouth.

G. Niacin

1. Functions in tissue respiration.
2. Helps break sugar down to produce energy.

H. Ascorbic Acid or Vitamin C

1. Helps cement body cells together and to strengthen the walls of the blood vessels.
2. Helps resist infection.
3. Helps in healing.

I. Vitamin D

1. Helps build bones and teeth.
2. Helps blood to clot.
3. Helps the muscles and nerves react normally.

J. Iron

1. Helps to combine with protein to make hemoglobin, the red substance in the blood that carries oxygen to the cells.

Safety in the Home

In 1960, there were 26,500 deaths from home accidents. This figure includes all age groups. How can such accidents be avoided?

As the homemaker goes about her daily chores, there is ample opportunity to observe and check the rooms for possible hazards, and to take steps to eliminate them.

Listed are some of the most common hazards, and how to correct them.

1. Keep knives, sharp objects, and scissors in special holders or some secure place.
2. Store matches in a tightly closed metal container.
3. Discard cracked or chipped enamelware pots and pans.
4. Discard plates that are cracked as dirt may collect.
5. Check handles of kettles and skillets to be sure they are securely attached.
6. Examine electrical appliances for frayed wires and loose connections, and have repaired.
7. Do not keep household cleaners and detergents under the kitchen sink if there are small youngsters around. Keep these items in storage areas out of reach.
8. Read all labels carefully. In the event that a child swallows a common cleaning compound, there is usually an antidote on the label. Always keep the phone number of the poison control center nearest you near the telephone.
9. Keep all drugs in a high storage area. Discard all prescription drugs not being used.
10. Check all toys for sharp edges, and discard anything that a small child can take apart and possibly swallow.
11. Disarm and store in a locked storage space all guns and knives, whether war souvenirs or hunting equipment.
12. See that all areas are properly lighted, and keep a supply of new lightbulbs on hand.
13. Keep a flashlight with a good battery on hand in case of sudden power failure.
14. See that fuse box contains extra fuses of the correct size.
15. Never use a penny as a substitute for a new fuse.

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16. Never substitute larger capacity fuses for appliance circuits; such as 20 ampere for the regular 15 ampere size.
17. Discard accumulated rubbish, such as oily
18. Check the conditions of the floors. Tiles and rugs should be repaired if they show signs of loosening and wear. Small rugs should be on nonskid mats or have skidproof backing.
19. Waxed floors can be a hazard. Follow the manufacturers instructions carefully when applying wax, either paste or liquid.
20. Do not use an oiled mop. Oil softens wax, which becomes smeary and can cause falls.
21. While working in the home, don't hurry, and take a break when you feel tired.
22. Wear good fitting shoes with low heels.
23. Test the temperature of the hot water from the faucet before you put your hands in it.
24. Dispose of broken glass in a separate paper bag, and sweep up the floor carefully if broken glass has landed on the floor.
25. Be careful of aerosol cans. Do not puncture or throw in a fire.
26. Don't dry clean clothes or household items indoors, unless windows and doors are open.
27. Don't put articles containing foam rubber in an automatic [illegible]
28. Don't collect articles at the top or bottom of stairs, to carry up or down when convenient. You may stumble over them and fall.
29. Use a step stool or ladder to reach high places.

Remember to always think about the safe way of doing something; this is your obligation to the family you are serving, and to your own family as well.

SESSION IX

AGENCY POLICIES AND PROCEDURES

We have talked about policies and procedures since we first met each other at the time you were being interviewed for a position with us. I am certain that we did not use the term "policy" or "procedure," but they were interwoven throughout the screening interviews and again throughout these training sessions. We will highlight these this afternoon in the closing session.

I. Intake Policies (basic requirements for eligibility for our service)

A. The person or family to be served must live within the metropolitan area and the home must be accessible by public transportation--usually in one hour of travel time or less.

B. The family must want Homemaker Service and be willing to cooperate in planning for it and making use of it. (Examples)

C. There must be a responsible adult available with whom plans for service can be made.

D. There must be a suitable plan for care of the children or the ill adult during the time the homemaker is not in the home. (Examples)

E. If there is an ill person in the home, he must be under a physician's care and must be following the physician's direction.

F. If the ill person is living alone and requires full-time service for a long period of time--longer than 6 to 8 weeks--a residential plan for him must be under way.

II. Intake Procedures

A. Request for service, evaluation of need, acceptance or rejection.

B. Plan of service--goals, probable length of service, days and hours, responsibilities of family and of homemaker.

C. Assignment--identifying information.

- Problems
- Purpose
- Hours and time
- Supervisor

III. Homemaker on the Job

A. Adherence to Details of Assignment:

1. No changes in hours or duties are to be made by the homemaker. If family requests changes, ask them to call the office. If the homemaker believes a change in hours or duties would be better for family, she should talk it over with the supervisor.

B. Reports to the Office

1. Important happenings or changes in family situation:

- Mother returns or is admitted to hospital unexpectedly.
- Father loses his job or doesn't go to work.
- Children are ill or are not going to school.
- No one is at home or no one answers the door.
- An accident in the home.

2. If you have an accident on the job or become ill and unable to go to work, inform the supervisor who is on your assignment.

3. If you are more than 15 minutes late, call the office to report and tell why.

4. Inform the supervisor of any unusual behavior or conditions:

- Mother who sleeps an undue amount.
- Excessive drinking.

- Serious shortages of food or clothing.

- Serious disagreements among family members.

C. Personal Appearance

1. Be well-groomed at all times--clean uniform, hair, nails, shoes. You may smoke if smoking is acceptable to family.

2. Wear complete uniform at all times on the job.

3. Low heeled shoes are usually more comfortable and appropriate.

4. Avoid excessive jewelry. A wrist watch is convenient.

5. Use handbag large enough to carry notebook, pencil, soap, towel, and other personal articles.

6. If you need glasses for reading, they should be kept with you.

7. Avoid heavy makeup and strong perfume.

D. Money Matters

1. Homemaker is responsible for her own belongings on the job and should avoid carrying large sums of money. Pin bills inside pocket. Have several dimes for emergency telephone calls. (Be prepared for "wrong numbers," etc.)

2. You are not permitted to give or accept money, clothing, or any other gift from any member of the family you are serving.

3. You are not permitted to make any loan to the family. Report any such request to your supervisor.

4. You are not permitted to sell anything to a family or to solicit a sale.

5. Always obtain bills or receipts for expenditures made for the family with your or their money.

6. Do not make personal telephone calls to or from the family home.

7. Make no telephone calls or visits to a family after termination of homemaker service.

E. Confidentiality is a part of professional responsibility that all of us share; talk to no one outside the agency staff about the affairs of the family you serve. Take pride in your service.

F. General Instructions

1. Bring your own lunch--do not eat a family's food although you may eat yours with them.

2. Introduce yourself as Miss or Mrs. So and So and address adult family members in the same manner.

3. When answering the telephone: "This is the 'Jones' residence, Homemaker So and So."

4. Do not give families your personal address or telephone number. If asked, explain that this is not permitted and, if appropriate, refer family to your supervisor.

5. You are not permitted to invite a member of the family to your home.

6. You are not permitted to discuss personal problems, or religious or political matters with families.

7. You are not permitted to administer corporal punishment to any child.

8. With approval of the supervisor, you are permitted to take children and adults away from their homes for such purposes as shopping or attending a clinic or a playground.

9. Never leave children in the family alone. If the father or other responsible adult is not there at the end of your working day, remain until the responsible adult arrives and report your action to your supervisor.

10. The decision to terminate service to a family is almost as important as the decision to accept the case. The decision on how and when to terminate it rests with the

agency and depends on medical recommendations, reports from the homemaker, and the wishes of the family. According to the circumstances, the termination may take place gradually or by withdrawal at one time. The homemaker may be sorry to leave the family and the family may have become fond of her, or even overdependent on her. However, some families may be over-critical and the homemaker may be glad to be relieved of the assignment. In either case the homemaker must learn to deal with her feelings, and her supervisor is prepared to help her with this.

G. Pay and Pay Periods

1. Hourly or part-time homemakers are paid for the actual time on an assignment and are reimbursed fully for their transportation costs. After successful completion of the 6-month probationary period, the hourly rate is increased.

   Pay periods end on the last day of eack work week, Friday. Time sheets received later than Tuesday of the following week for payment on that Thursday will not be made out for payment until the next week.

2. Regular or fulltime homemakers are paid on the 15th and the last day of the month and are reimbursed for transportation costs in excess of fifty cents (.50) a day. Time sheets are to be mailed on the last day of the pay period. Checks are not released until the time sheet has been received in the office. If more than 40 hours a week are worked, compensatory time rather than pay is given.

H. Time sheets must be filled out accurately with full name of client--first and last name--and dates and hours worked by the homemaker. (See sample time sheet attached.)

IV. Supervision

The homemaker supervisor is responsible for:

- Selection of homemakers for assignments.
- Periodic evaluation of their work.
- Ongoing training and development of the homemakers.

In addition to her direct supervisory responsibilities, the homemaker supervisor works closely with other agencies or individuals known to the family, obtains information about current needs of the family, evaluates the effectiveness of the service, and provides limited casework when it is needed and wanted by the family. Help with nutritional problems, such as special diets, menu planning, food buying and preparation, and budgeting are provided by the home economist. When health aid or personal care is needed by a patient, instruction and supervision is provided by a public health nurse.

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ADMINISTRATIVE GUIDELINES FOR PERSONAL CARE

Homemaker Service of the National Capital Area, Inc.

I. General Statement of Agency Function

Homemaker Service of the National Capital Area, Inc., is a social agency whose primary purpose is to help families and individuals to remain in their own homes as long as it is safe and practical for them to be there and to help them to be as independent as their capacities permit. Homemaker Service is a supportive service which may be called upon to help a family during the illness or absence of the mother, to relieve a family member of part of the day-to-day care of a sick person, or to assist with the care of an elderly, disabled, or ill person. It is used to supplement the plans of voluntary and public health and welfare agencies, hospitals, clinics, and private physicians when there is no responsible adult available or capable of carrying out the needed care and guidance.

By their selection, training, and supervision, homemakers are prepared to perform a variety of homemaking and health aid tasks within a home and to assume different levels and kinds of responsibility. The nature of their duties is determined by the professional staff at the time the family is accepted for service and modified as the needs change. The professional staff of the agency consists of accredited social workers, a home economist-nutritionist, a public health nurse consultant, and case aides.

II. Philosophy of Personal Care[1] in Homemaker Service

A. Personal Care as Supportive Assistance to an Otherwise Independent Person

In the broadest sense, some personal care is involved in maintaining and promoting normal standards of health and hygiene in all families served by Homemaker Service. Some

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1/ Definition: "Personal care services given in the home for an ill or disabled person are those services required to help provide and maintain normal bodily and emotional comforts and to assist the patient toward independent living in a safe environment." Homemaker Services in the United States. Report of the 1959 Conference, Public Health Service Pub. No. 746. Washington, D.C.: Government Printing Office, 1960, p. xii.

elderly and convalescent persons who are otherwise independent may need occasional assistance with bathing, grooming, walking, or may need to have meals brought to them until they are able to move about without undue fatigue. Children need to be taught and reminded about habits of personal cleanliness and good grooming. Both children and adults may need to be reminded or occasionally helped to take prescribed medications or may need simple modifications of diet. The personal care tasks are viewed as necessary if a child or an adult is to attain or maintain facility in self-management. When they are performed by a homemaker, they are considered a part of her usual duties and need not require nursing supervision. It is imperative, however, that the intake worker and later the homemaker supervisor have sufficient knowledge about the person's condition and the competence of the homemaker to determine the appropriateness and safety of the tasks to be performed and that both homemaker and homemaker supervisor be alert to any changes in the person's condition which warrant medical or nursing evaluation, re-evaluation, and care. The agency's public health nurse consultant may be used in making this determination both at the time the case is being considered for service and later while service is being given.

B. Personal Care as Part of a Medical Care Plan

When personal care is needed as part of the medical care plan for an ill or disabled person, however, direction and technical supervision of the homemaker in this personal care is to be given by a public health nurse or by the attending physician. Under these circumstances, personal care is a part of the medical care plan and requires that the ill person be under active medical supervision, that an overall plan has been developed and that the social situation is sufficiently adequate to permit care at home. In such situations the homemaker provides home health aide services and functions as part of the home care team. The public health nurse, the physician, or in some instances, other members of the home care team will determine which personal care duties can be provided by the homemaker safely and appropriately.

When family need includes personal care as part of the medical care plan, the following administrative guidelines shall apply:

1. The need for an evaluation of the health care needs should be discussed fully with the family and their agreement obtained to request this service directly or to permit this agency to do so.

2. Following evaluation of the total health needs of the patient, the physician or public health nurse will determine which personal care services can be safely administered by the homemaker, will instruct the homemaker how to give the needed care, and will provide ongoing supervision.

3. The homemaker will support and encourage the patient to follow the prescribed medical program. She will not initiate new personal care services.

4. The homemaker should never render any service to which the patient objects. This objection should be reported to the supervising public health nurse or to the physician, if direct supervision is being given by him, and to the homemaker supervisor.

5. A homemaker may perform only those personal care services which are deemed suitable for the patient, the homemaker, and the agency. The determination of suitability shall be made by the medical and/or nursing supervisor and by the agency.

III. Training for Personal Care

Training in basic personal care skills is essential not only for the competent performance of the homemaker and the well-being of the patient, but also for the safety of the patient, the homemaker, and the agency. As a part of their basic training, homemakers receive approximately 14 hours of the Red Cross course in the care of infants and of sick and injured persons which has been modified for our use. It includes lectures, demonstration, limited practice and discussion, bathing a person in bed, bedmaking and helping a person to change position on bed, feeding in bed, safety precautions, helping a person to get in and out of bed, observing symptoms and signs of illness, measurement of temperature, pulse and respiration, cleanliness of hands and clothing, use and care of bedpan, reinforcing dressings, care of infants and preparation of formulas, etc. As is true of all sections of the training, this section is not intended to equip homemakers to function independently but rather to broaden their awareness of some of the aspects of homemaker service that they will be

expected to render under proper professional supervision. Through individualized on-the-job training, supervisory conferences, discussion with the agency's consultants in nutrition and public health nursing, and staff meetings, homemakers are helped to improve their skills in all areas of working with troubled people as part of an agency staff.

Therapeutic nursing services are those aspects of individual nursing care which have as their goal the recovery and rehabilitation of the patient. When portions of such service are delegated by the nurse or the physician to the homemaker, they are to be individually reviewed and taught in relation to the specific patient. Activities such as exervises, the application of appliances and assistance in their use, care of such devices as colostomy bags and retention catheters, and the care of functional equipment would be individually taught. As experience in giving personal care increases, the most frequently needed aspects of such care will be revealed, and the homemaker's training will be intensified in such areas.

IV. Intake--Applications for Service

The responsibility for determining whether an application for service falls within the scope of our program and whether the needs of the family can be met adequately and safely by Homemaker Service rests with the intake worker who makes the initial evaluation.

With every application, an assessment of the social situation will be made. To determine whether Homemaker Service is the appropriate method of care, the intake worker will learn whether there are family members, relatives, or friends with whom the family has some contact or who are willing and able to assist with the care of the sick person or of the household; whether the housing and its facilities are sufficiently adequate to make care at home possible; whether there is enough income to permit at least a minimally adequate diet; and whether other community resources are active or needed.

When illness of any member of the family is a factor in the need for our service, information about his condition is to be obtained. His capacity for self-management, medical diagnosis, along with knowledge of his social situation will be helpful in determining whether care at home is realistic and whether medical or nursing care is indicated.

Requests for homemaker service which include personal care are received from different sources and are handled in different ways.

If the requests include minor supportive assistance to an otherwise independent person as defined in Section II, A. Personal Care as Supportive Assistance to an Otherwise Independent Person, the case may be accepted

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for service. Even in such cases, defined as not needing medical or nursing supervision of the homemaker's activities, the intake worker would still ask for the source of medical care (clinic, physician, etc.) and whether a nursing service is going into the home. If a nursing agency is active in the case, the intake worker will contact that agency to inform the nurse that our service has been requested, to ask whether there are special health needs and how we might be helpful in supporting their work with the family, and to obtain medical information which the nursing agency has received or can readily get from the physician. Information received from the physician or nursing service may alter the homemaker supervisor's decision as to whether this is, in fact, "an otherwise independent person." If a nursing service is not active in the case, the intake worker will secure permission from the client to obtain medical information recommendations directly from the physician or clinic.

If the request includes personal care of an ill or convalescing person as part of the medical treatment plan or if the situation indicates that personal care is the primary need, the referrent will be asked to contact one of the nursing agencies or the attending physician to arrange for an evaluation of the health care needs of the patient. On the basis of this evaluation, the public health nurse, or in some instances other members of the home care team, will determine which personal care duties are needed by the patient and can be provided safely by the homemaker with appropriate instruction and supervision. Sometimes the attending physician will request homemaker service for his patient. If the request includes personal care as part of the medical care plan, careful explanation is to be given about our need for medical and/or nursing direction and supervision. In most every case, he will readily agree to call in a nursing agency. If he prefers to instruct and actively supervise the homemaker in the personal care she will be expected to give, the case may be accepted.

V. Supervision of Personal Care Cases

Administrative and professional supervision are vitally important for all homemaker service programs. Implicit in sound supervision is the intake process which must secure information necessary to determine appropriateness of the service, establish reasonable goals, and a workable plan to attain these goals.

As explained in Section II, A. Personal Care as Supportive Assistance to an Otherwise Independent Person, some aspects of care such as helping with bathing, dressing, care of hair, a helping hand in walking or getting in or out of bed may be needed by any convalescing or aging person and are not necessarily a part of the medical treatment plan. Such supportive services when given to an otherwise independent person can be provided by any home-

maker without medical/nursing supervision. The homemaker supervisor will be familiar at all times with the nature of the situation and of the personal care given, and will be responsible for distinguishing between the scope of personal care appropriate in any situation and that which is appropriate only as part of a medical care plan.

When homemaker service is active in a home in which there is no nursing service active, and the client asks for assistance in self-care, the homemaker may give such assistance but will notify her supervisor promptly. This minor and limited assistance may be given so long as the client maintains independence in balance of care and is up and around. When the client requests more care than seems reasonable or he appears to be gradually relinquishing independence, the supervisor will discuss the change with the agency's public health nurse consultant, report it to the attending physician or public health nursing agency. The purpose of this evaluation visit is to see if the client needs other services, to attempt to identify cause of change, and to remedy the problem early if at all possible. It is not for the purpose of evaluating or supervising the care given by the homemaker.

For those medical and nursing situations in which personal care is required as part of a medical care plan, Homemaker Service is to fulfill its responsibility for administrative supervision by determing that the needed service falls within the scope of the agency's program and that the service is provided in conformity with its operating and personnel policies. The public health nurse and in some instances the physician or other members of the home health care team will need to assume responsibility for determining the health needs of the patient and for the instruction and supervision of the personal care the homemaker will be expected to perform.

In all cases in which there are other agencies involved in planning for an ill person and/or his family, observations and plans should be shared and a coordinated approach to the family agreed upon. Where there are complex health problems and the major need is for health care, the nursing agency or home care program will usually carry major responsibility for planning and Homemaker Service will be supportive to their plan but it cannot relinquish its responsibility for administrative supervision of the homemaker.

The following are <u>some</u> of the personal care services which may be given as part of a medical care plan, are within the function of Homemaker Service and are within the ability of the trained homemaker when provided under the direction and supervision of the attending physician, the public health nurse, or other members of the home health care team:

- Assisting with or giving bed or sponge bath.
- Assisting patient in or out of bed and bath tub.
- Back rubs and assisting patient to change position.
- Changing bed with patient in it.
- Giving and removing bedpan, urinal; assisting with perineal pads; emptying and replacing plastic bags used in colostomies or other drainage appliances; cleaning and caring for equipment.
- Assisting with grooming (shaving, care of hair, finger nails).
- Feeding patient in and out of bed.
- Preparation of special diets.
- Helping patient to dress.
- Taking and recording temperature, pulse, and respiration.
- Assisting patient to take his own prescribed medicine.
- Helping patient with his prescribed exercises.
- Helping patient to use his functional appliances (crutches, braces, walkers, wheel chair, rolling stool, collar, etc.).
- Giving hot or cold water bottle as directed.
- Reinforcing existing dressings with absorbent material.

The following are services which cannot be performed by homemakers either because they are skilled nursing services or because the safety of the patient and the homemaker is endangered:

- Lifting patients unable to help themselves.
- Giving hypodermics and other injections.
- Cutting toenails.
- Irrigating colostomies.
- Giving tubal feeding.

- Changing sterile dressings.
- Aspirations of the throat or trachea.
- Catheterizations or bladder irrigations.

These administrative guidelines for personal care within the agency's program of service will be reviewed periodically by the Program and Service Committee of the Board and when indicated, with the help of a professional advisory committee.

Accepted by Program and Service Committee, April 18, 1963
Reviewed and Revised _____

Homemaker Service of the National Capital Area, Inc.
815 Mt. Vernon Place, NW.
Washington, D.C. 20001 737-5447
12/21/67

SESSION X

Homemaker Service of the National Capital Area, Inc.
929 L Street, N.W., Washington, D.C. Phone: 234-5573

HOMEMAKER

1. General Description

Under supervision of a homemaker supervisor, to assume responsibility for home operations to preserve the security of family life during a period when the mother is temporarily incapacitated or absent; or to supply this function for aged, ill, or disabled persons.

2. Qualifications

a. Age: Preferred 30 years or over; maturity important criteria.

b. Education: Ability to follow oral and written instructions, and to keep simple records, is basic educational requirement.

c. Experience: (1) home management; (2) care of children; and/or (3) care of disabled, ill, or convalescent people.

d. Health: Good physical health.

3. Personal Qualities and Attitudes: a. warm personality; b. poise and tact; c. dependability; d. initiative; e. flexibility; f. nonjudgmental attitudes; g. ability to establish and maintain good relationships with children, adults, and aged persons; h. recognizes the need for consultation and to request this service; i. ability to work as part of a team; j. good grooming.

4. Nature of Work

a. Housekeeping Duties

- Light general cleaning, vacuuming, making beds, washing dishes, keeping kitchen and bathroom clean and tidy.
- Marketing for food supplies and other simple errands such as drug store and cleaners.
- Planning and preparing nutritious, varied meals, fitting them into the cultural and economic standards of the family. Serving meals, including tray meals when needed.

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Preparation of infant formula and special diets under medical supervision.
- Limited amount of washing and ironing and mending of necessary clothing.
- Listing of needed supplies.
- Assisting well members of the family, both young and adult, to learn household routine and skill in order that they may carry on normal living when the homemaker is not present.

b. Care of Children

- Responsible supervision of the children in a home, with awareness of both physical and emotional needs.
- Help maintain the child's customary daily routine.
- Give regular physical care (bathing, dressing, feeding) to the children and help in establishing habits of good eating and personal hygiene.
- In case of light illness, she may give simple bedside care under medical supervision.
- See that clothing is clean, mended and ready to wear.
- Help plan activities and take child for clinic appointments or other necessary errands.

5. Care of Ill or Disabled

a. To provide within her competency personal services for the ill as are directed by the physician. Duties might include help with dressing, exercise, help in using walkers, crutches, etc., and other small services to make the patient more comfortable.

b. To assist the patient in carrying out activities of daily living prescribed for her, and to help the handicapped to maximum independence in homemaking.

HOMEMAKER SUPERVISOR I

1. General Description

Under general supervision and customarily making independent decisions on methods used and order of tasks in carrying out the purpose of the Homemaker Service Agency.

2. Qualifications

a. Education. Graduation from an accredited school of social work. Thorough knowledge of social case work principles and methods, individual and group behavior, emotional maladjustment, physical and mental illnesses, mental hygiene principles, individual and community health problems, nutrition, family economics.

b. Experience. Two years of full-time paid experience as a case worker in an agency having professional standards.

c. Skills. Considerable skill in helping people; marked ability to establish and maintain successful professional and working relationships; freedom from marked prejudices; sensitivity to people; flexibility, discernment in evaluating situations and making decisions.

3. Nature of Work

a. Evaluating Request for Homemaker Service.

(1) Determine

(a) Whether a homemaker service will be suitable solution.
(b) What specific needs of children, parents or adults are to be met.
(c) What type of homemaker is required.

(2) Development of a general plan for service.

(a) Cooperative planning with family and/or other community agencies involved.

b. Placement and Supervision

(1) Preparation of family and homemaker for placement.

(2) Continuing evaluation of situation and adaptation to needs.
(3) Supportive conferences with homemaker and family during placement.
(4) Prepares family and homemaker for withdrawal of the service.

c. Training of Homemakers

(1) Responsible for individual in-service training through conferences and interviews.

d. Records and Reports

(1) Keeps appropriate case records and prepares statistical reports as required.
(2) Writes appropriate evaluation of homemaker at conclusion of such case.

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HOMEMAKER-HOME HEALTH AIDE III

1. General Description

Under general supervision of a homemaker supervisor to discharge all of the duties of and meet all of the qualifications of the Homemaker-Home Health Aide II consistently and with distinction, and in addition, each of those listed below.

2. Appointments

In making appointments to this position, the Executive Director will be assisted by the recommendations of appropriate administrative personnel.

3. Requirements

Education: A high school diploma, or its equivalent and additional training in the health and welfare fields are preferable.

Experience: At least two years as a competent Homemaker-Home Health Aide II, and has served under not less than two Homemaker Supervisors.

Qualities Has Demonstrated:

(1) Capacity to give effective individualized instruction.
(2) Superior ability to give personal care as part of a medical care plan under nursing and medical supervision.
(3) Superior ability in homemaking skills with special focus on the organization of time and resources available (including supplemental food programs), budgeting, food planning, preparation and conservation.
(4) Willingness to accept assignments regardless of location, conditions, or hours (except 24-hour service).
(5) Superior ability to establish and maintain good working relationship with young children, adolescents, adults, aged persons and representatives of other agencies as well as Homemaker Service Field Counselors and Supervisors.

(6) Ability to perform with distinction without close supervision and to recognize the need for consultation with staff in our agency and other agencies and request this through appropriate channels.

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4. Duties And Responsibilities:

In addition to the duties and responsibilities of the omemaker-ome ealth ide II:

Make selected home visits for supervisors as directed in relation to special problems affecting either a client or a homemaker and submit a report.

At the request of a supervisor, assist a omemaker in any aspect of her work with the agency.

In addition to participation in conferences and in-service training programs sponsored by the agency during work hours, willingness to advance knowledge and skills by independent attendance at in-service training outside of office hours.

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HOMEMAKER SERVICE FIELD COUNSELOR

1. General Description

Under supervision of a Homemaker Supervisor, with consultation from agency specialists and consultants and through working with social workers and medical personnel from other agencies, to carry out those services necessary to further the purposes of Homemaker Service. The primary task is supervision of approximately 10 homemaker-home health aides in accordance with the policies and procedures of Homemaker Service.

2. Qualifications

a. Age: Preferred 30 years or over, maturity is important criterion.

b. Education: Have received a high school diploma, or its equivalent; additional training in the health and welfare fields is preferred.

c. Experience: Have 3 years work experience, competently performed, with a public or private agency as a homemaker-home health aide; ability to keep appropriate records and reports.

d. Health: Good physical and mental health.

e. Test: Must have passed an agency test.

3. Personal Qualities and Attitudes

a. Ability to establish and maintain successful working relationships with homemakers, supervisors, the families or individuals receiving Homemaker Service, and with the administrative and clerical staff.

b. Ability to establish and maintain successful working relationships with other agency staff and with staff from other community agencies during the process of giving service.

c. Ability to recognize the need for supervision and to make constructive use of it.

d. Ability to practice basic principles of supervision.

e. Ability to recognize the need for consultation and request this service, and to act upon the recommendations from the consultation.

f. Ability to work as part of a team.

g. Warm personality.

h. Poise and tact.

i. Dependability.

j. Initiative.

k. Flexibility.

l. Non-judgmental attitudes.

m. Good grooming.

4. Nature of Work

a. When one of her homemakers is assigned to a new case:

(1) Review the written referral in relation to problems and purpose in giving homemaker service, the suggested duties for the homemaker, and the hours and time to be spent on the assignment.

(2) Make a visit to the home prior to or soon after service is initiated to discuss the beginning of service with the family and to gain information for evaluation of the situation.

(3) Discuss with her supervisor any problems or modification in service plan which might be evident at the time of the home visit.

(4) Make an introductory call with the homemaker to the family when this is indicated.

b. Supervision of homemakers and ongoing services:

(1) Serve as a liaison between the homemaker and the homemaker supervisor.

(2) Visit a homemaker on each of her assignments at least once a month or more often if needed.

(3) Plan with homemaker supervisor to have conference with homemakers about case problems and as needed arrange supportive conferences for the homemaker supervisor, aging specialists and consultants.

(4) Continuing and periodic written evaluation of the homemaker's performance, relationship to others, and contribution toward the established goals for the family or individual.

(5) Notify homemaker supervisor of any conditions affecting care or service to patient or family which would indicate change in the amount or kind of service needed.

(6) Notify family and homemaker of any changes in plan of service.

(7) Responsible for seeing that homemakers carry out the policies and procedures of Homemaker Service.

(8) Substitute for other homemakers in case of emergency.

(9) Responsible for seeing that the homemakers attend agency inservice training programs and staff conferences.

(10) Assist with the evaluation of difficult cases.

c. Records and Reports

(1) Keeps appropriate schedules and attendance of homemakers and home visits.

(2) Review and approve accuracy of time sheets.

(3) Prepare written reports on case observations, contacts and on homemaker's performance for the homemaker supervisor.

c. Assist with the recruitment and orientation of new homemakers by presentation at meetings, personal contacts and participation in training sessions.

CRITERIA FOR EVALUATION--PERFORMANCE

1. Home management and housekeeping: Light general cleaning, vacuuming, making beds, washing dishes. Keeping kitchen and bathroom clean and tidy. Washing, ironing and mending of clothing as necessary. See that clothing is clean, mended and ready to wear. Listing of needed supplies. Marketing for food supplies and other simple errands such as going to the drug store or cleaners, buying food stamps, paying rent.

2. Care of children: Responsible supervision of young and older children in the home, with awareness of both physical and emotional needs. Help maintain the child's customary daily routine. Helping plan activities and take child for clinic appointments or other necessary errands. Giving regular physical care (bathing, dressing, feeding) to the children and help in establishing habits of good eating and personal hygiene.

3. Care of aged, ill and disabled adults: Responsible service in maintaining the home and helping the client perform the activities of daily living to the extent necessary (including personal care if required, see 4). Accompanying clients on walks, shopping, to clinic or physician's office, if indicated. Providing companionship and stimulation while carrying out the foregoing duties and encouraging independent functioning to the extent feasible.

4. Personal care: In case of illness giving care within her competence and the agency policy, covering personal care as supportive assistance or personal care as part of a medical care plan. (See Administrative Guidelines for Personal Care--12/21/71).

5. Teaching and demonstration: Ability to impart effective methods of homemaking, child care and self-help, through teaching and demonstration in all cases that do not require individualized instruction as stated below.

6. Individualized instruction: Planned individualized instruction in cases in which the focus is to improve the level of family functioning.

7. Food planning and preparation: Planning and preparing nutritious and varied meals, fitting them into the cultural and economic standards of the family. Serving meals, including tray meals when needed. Preparing infant formulas and special diets as required.

8. Records and reports: Preparing and submitting promptly semi-monthly time sheets with complete and accurate information. Making reports to appropriate supervisory personnel about conditions affecting service to the family or patient.

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9. Conferences and inservice training: Participating in conferences as requested and in inservice training programs.

10. Warm personality: Friendly, courteous, accepting in relation to colleagues and clients.

11. Good grooming: Always wears a neat and clean uniform, appropriate shoes and accessories; hair and hands properly cared for; is attentive to personal hygiene.

12. Poise and tact: Calm exterior; respect for the feelings of others; self-discipline when provoked in any situation; able to handle difficult and explosive situations; [illegible].

13. Dependability: Can be relied upon to carry out goals and policies of the agency. Arrives and leaves on time. Presents time sheets correctly.

14. Initiative: Self-started; promotes projects; ability to plan work.

15. Flexibility: Accepts and adapts willingly to a variety of assignments and to unforeseen changes in assignments. Can accept a wide range of behavior patterns.

16. Nonjudgmental attitudes: Does not succumb to snap judgments; has tolerance for behavior, attitudes and prejudices of others.

17. Relationship with clients: Ability to establish and maintain appropriate helping relationships with children, adults and aged persons; responds appropriately to their needs--firm, supportive, consistent without familiarity.

18. Ability to work as part of a team: Recognizes that we all are part of the team; accepts the policies and goals of the agency; works cooperatively with members of other agencies as required by the needs of the case; recognizes the need for consultation and request this service; does not hesitate to share with her supervisor problems which she observed and which affect the client.

HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.

Homemaker_____ Evaluation Period_____

Employed from_____

Performance	Poor	Below Average (Adequate)	Above Average	Excellent
1. Home management and housekeeping				
2. Care of children: (a) young children (b) older children				
3. Care of aged, ill, and disabled adults				
4. Personal care				
5. Teaching and demonstration				
6. Individualized instruction				
7. Food planning and preparation				
8. Records and reports				
9. Conferences and inservice training				
Personal Qualities and Attitudes				
10. Warm personality				
11. Good grooming				
12. Poise and tact				
13. Dependability				
14. Initiative				
15. Flexibility				
16. Nonjudgmental attitudes				
17. Relationship with clients				
18. Ability to work as part of a team				

Homemaker_____ Supervisor_____

Date_____ Date_____

HOMEMAKER SUPERVISOR II

1. General Description

Under general supervision but with opportunity to make independent in carrying out the purpose of the Homemaker Service agency.

2. Qualifications

a. Education: Graduation from an accredited school of social work. Thorough knowledge of social casework principles and methods, individual and group behavior, emotional maladjustment, physical and mental illnesses, mental hygiene principles, individual and community health problems, nutrition, family economics.

b. Experience: Five years of full-time experience in an agency having professional standards.

c. Skills: Considerable skill in helping people and ability to plan and supervise the work of others; marked ability to establish and maintain successful professional and working relationships; keen discernment in evaluating situations and making decisions; ability to stimulate growth in others; freedom from marked prejudice.

3. Nature of Work

a. Evaluating Request for Homemaker Service

(1) Determine

(a) Whether homemaker service will be suitable solution.
(b) What specific needs of children, parents, or adults are to be met.
(c) What type of homemaker is required.

(2) Development of a general plan for service
(a) Cooperative planning with family and/or other community agencies involved.

b. Placement and Supervision

(1) Preparation of family and homemaker for placement.
(2) Continuing evaluation of situation and adaptation to needs.

(3) Supportive conferences with homemaker and family during placement.
(4) Prepares family and homemaker for withdrawal of the service.

c. Training of Homemakers

(1) Assists in planning and executing formal training program.
(2) Responsible for individual inservice training through conferences and interviews.

d. Records and Reports

(1) Keeps appropriate case records and prepared statistical reports as required.
(2) Writes appropriate evaluation of homemaker at conclusion of each case.

e. Administrative

(1) To act for the Executive Director in her absence.

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HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.

Application for Position of Homemaker

Date _____

Miss
Mrs. _____ Social Security No. _____
(first) (middle) (last)

Address _____ Phone No: _____

How long resident of Washington or area? _____

Date of birth _____ Place _____ Religion _____

Marital status (check which): Married ___ Single ___ Divorced ___
Separated ___ Widowed ___

Husband's name _____ Occupation _____

Husband's employer _____

Number of children ____ Names and ages _____

_____

Other dependents _____

Condition of your health _____ Any physical disabilities ___

Have you seen a doctor during past year? _____

If so, for what reason? _____

Education _____

Training or Experience Related to Homemaker Service: (Check which)

Caring for children	_____	Making beds	_____
Caring for aged people	_____	Washing dishes	_____
Caring for ill people:		Mopping floors	_____
Handicapped	_____	Dusting	_____
Cancer	_____	Mending	_____
TB	_____	Marketing	_____
Strokes	_____	Planning meals	_____
Mental Illness	_____	Preparing meals	_____
Other (specify)	_____	Laundry	_____
	_____		_____

Application for Position of Homemaker - Page 2

Employment (last three places):

Name_____ How long _____ Wages _____

Address _____ Position _____

Name _____ How long _____ Wages _____

Address _____ Position _____

Name _____ How long _____ Wages _____

Address _____ Position _____

Personal References (three who have known you for past 5 years):

Name_____ Tele. No._____

Address _____

Name _____ Tele. No._____

Address _____

Name _____ Tele. No. _____

Address _____

Have charges even been preferred against you by the police or other law enforcement body?_____ If so, explain _____

_____

Have you ever been discharged or forced to resign from a job?_____

Who referred you to Homemaker Service?_____

Are you available for full-time employment?_____ Will you live in?____

Will you work or an hourly basis?_____ Do you have a car?_____

Why do you want to be a homemaker?_____

_____

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Is there any reason or condition (such as the health of your husband, children, dependents, or any other personal matter) which would interfere with your duties as a homemaker?_____ If so, explain _____

_____

_____

Any other information you think will be helpful to us in considering you for the position of homemaker?_____

_____

_____

_____
Applicant

HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.

Initial Interview

Name_____ Age ____ Date ___

Appearance

Skin_____ Hair _____

Posture _____ Weight _____ Height_____

Teeth _____ Voice _____

Clothes _____ Uniform size ____

Manner _____

Work Experience

Physical Condition

Impressions

Home Life

HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.

APPLICATION FOR SERVICE

Date _____

Previously served _____ (year)

PART I--GENERAL INFORMATION

Name_____ Man _____ Age ____ Client ____

Woman_____ Age ____ Client_____

Address _____Phone_____
(street and number) (apt. no) (city) (zip)

Directions to home_____

_____

Type of Service Needed and Reason for Request:

Child Care: Mother or person responsible for children is (check one):

Ill at home _____ Needs relief (overburdened) _____

Ill out of the home _____ Undergoing treatment or rehabilitation _____

Deceased _____ Needs instruction _____

Other (specify)_____

Adult Service (check one):

Relief to family member _____

Service to ailing adult _____ Who is (check one):
Ill or generally infirm_____ Disabled_____
Convalescing _____ Awaiting long time care _____
Other (specify)_____

Living Arrangements: Alone _____ With spouse only _____
With minor children_____ With other _____

Members of household (give name, age, and relationship to client):

_____

_____

_____

_____

Major Problem (s)

Social _____

Health (give diagnosis, if known, limitations of ambulation, incapacities, bedridden, EDC, etc.)

_____

_____

Service Requested By: Client __ Agency __ Rel. or Friend__ Hospital__ Other__

Name_____ Tele. No._____

If service requested by client or friend, who referred:_____

Client's physician(s) (give name, address and telephone number):

_____

Agencies Active in Case (give name, name of social worker or nurse, and telephone):

_____

Financial Information (check source and give amount, if known):

Wages _____; Public assistance (type)_____; Pension _____
amount amount

Employment of responsible head of family:_____
(place of employment)

_____
(hours out of home) (phone at work)

Person to be contacted in emergency:_____
(name)

_____
(telephone) (relationship)

PART II--ACTION TAKEN BY AGENCY

Application Accepted and Homemaker Assigned: Date _____

Homemaker _____

Plan for Service: Days_____ Hours_____ Supervisor _____

Duties: General home management and light housekeeping ____

Shopping	_____	Meal preparation	____
Teaching	_____	Laundry	____
Child care	_____	Other (specify)	____

Personal care (nature)_____

Planned length of placement_____

Plan for time homemaker is not in home _____

Services arranged with other agencies or to be arranged by family:____.

_____

Medical information form sent to physician _____ (date) Client _____ (date)

Fee arrangement: Amount_____ to be paid by client ____;

agency_____ other _____ (name and address)

Application Not Accepted (give primary reason):

Agency unable to give service (check one):

No homemaker available	___	No source of payment	___
Indefinite full-time service	___	Outside area served	___
Transportation problems	___	Service other than homemaker needed	___

Other (specify)_____

Client refused service (check one):

Made other plans___; too expensive___; did not call back___; other___

Additional Comments:

PART III--TERMINATION: Date closed _____ Reason_____

HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.
815 Mt. Vernon Place, NW., Washington, D.C. 20001
Phone: 737-5447

A homemaker, _____, has been assigned to your home from the Homemaker Service of the National Capital Area, Inc. As a participating member of the Health and Welfare Council (United Givers Fund) this special service assists families and individuals in times of crisis. While the homemaker is in your home, we supervise her by personal visit or telephone.

The homemaker's supervisor is _____. She is available for any questions you may have about our service or about other resources in the community which may be helpful to you.

Payment for the cost of the service is due monthly upon receipt of the bill from this office. The fee established with you is _____.

YOU CAN EXPECT THE FOLLOWING HELP FROM THE HOMEMAKER

1. Care of young children and working with older children in accomplishing household tasks.
2. Planning and preparation of meals.
3. Keeping the house dusted and neat.
4. Making beds and changing linens as needed.
5. Shopping for food and other household needs, if there is no family member or friend to do it.
6. Washing and ironing, within reason.
7. Mopping the kitchen and bathroom floors.
8. Performing small miscellaneous tasks as needed.

If someone is ill in your home, the homemaker and her supervisor will work closely with the nurse and doctor to make certain you receive the amount and type of help they believe is needed. Homemakers are not nurses.

HOMEMAKERS SHOULD NOT BE EXPECTED TO:

1. Care for the children of your neighbors, friends, or relatives.
2. Do heavy cleaning such as scrubbing floors, painting, waxing floors, washing windows or walls, cleaning venetian blinds.
3. Move heavy furniture or do heavy lifting.
4. Give any personal care to a sick person without specific instructions and planning with your physician and/or public health nurse.
5. Drive your car on errands.
6. Change the assigned hours of work without checking with her supervisor.

We hope you will find our staff and service helpful. Your knowledge of these policies will clarify the nature of our service and help avoid misunderstandings.

Homemakers are instructed to arrive and leave on time. They are asked to report to their supervisor if they will be late or if they are unable to work. Whenever possible, another homemaker will be assigned and you will be notified of this change. They are to bring their own lunches. Any changes of duties and hours are to be arranged by you with the supervisor.

(Miss) Patricia A. Gilroy, ACSW
Executive Director

SAMPLE TIME SHEET

Period Ending Oct 15, 1966

24 HOUR SERVICE TIME SHEET

Homemaker: Jones, Mary #1

Client's Name Smith, Jane

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Hours between 8 a.m. - 4 p.m.			4	8	8	8	8	8	8	8	8	8				
Hours between 4 p.m. - midnight			8	8	8	8	8	8	8	8	8					
Check here if you slept overnight			✓	✓	✓	✓	✓	✓	✓	✓	✓					
Amount spent on Client from your own or office funds: on Food			4.60													
on Laundry																
on Cabs & Tokens									1.90							
Other																
Your own expenses: Travel Cab Fare			1.00				1.00									
Other																

If you received money from the office for use on behalf of the client, note amount here: 5.00

If you returned some of this money, note amount of return here: .40

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals
Hours between 8 a.m. - 4 p.m.																	
Hours between 4 p.m. - midnight																	
Check here if you slept overnight																	
Amount spent on Client from your own or office funds: On Food																	
on Laundry																	
on Cabs & Tokens																	
Other																	
Your own expenses: Travel																	
Other																	

If you received money from the office for use on behalf of the client, note amount here:

If you returned some of this money, note amount of return here:

On Oct 9, I used a cab to take children to the doctor's office.

SAMPLE TIME SHEET

Simmons, Louise #5 — TIME AND EXPENSE REPORT — Period Ending Oct. 15, 1966

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals: Hrs. & Expenses
Conferences & Meetings																
Unassigned Comp. Time																
Sick Leave																
Holiday or Annual Leave																
Clients served (full name, please)																
1. Kay, June			4			4										
2. Mays, Helen			4			4										
3. Cady, Francis				8	8		8									
4. Daniels, Martha										3						
5. Day, Virginia											8	8	8	8		
6.																
7.																
Carfare			.75	.50	.50	.75	.50			.50						
Mileage: To assignment											7	7	7	7		
Between assignments (if 2 per day)																
From assignment											7	7	7	7		
Phone			.10													
Other Cab Fare										.90						

Notes and Comments: I could not find Mrs Daniels address and had to call Pat re

Do Not Write in this Space - Office Use Only

Reg. Gross ____

24 HR. Gross ____

Total Gross ____

FICA ____

Fed. Withhold ____

D.C./State ____

Other ____

Rtrmnt ____

UGF ____

Insurance ____

Reg. Reimburse ____

24-HR Reimburse ____

Net Salary ____

Homemaker's Signature
Louise Simmons

Approved By: ____

HOMEMAKER SERVICE OF THE NATIONAL CAPITAL AREA, INC.
929 L Street, N.W.
Washington, D.C. 20001
234-5573

October 28, 1966

Dear Homemaker:

We continue to have a problem with incorrect and sloppy time sheets. While most of you send in sheets which are correctly and neatly done, others send them in in poor shape. They have names so poorly spelled it is hard to make them out; they have wrong hours, wrong dates, improper reimbursements, erasures, crossouts, and are generally sloppy.

We are enclosing a sample regular time sheet and a sample 24-hour service time sheet for your use as a guide. Also enclosed is a supply of spare time sheets. We will be glad to send you extras if you need them.

Please do not fill in the total hours and expenses column which is on the right hand side of the sheet. If you have any questions about filling in your sheet, please call your supervisor for instructions before mailing it in to the office.

Time sheets received incorrectly made out or in a sloppy and unreadable condition will be returned to be done over and this of course will delay the mailing of your check.

AND NOW A SPECIAL NOTE FOR OUR HOMEMAKERS WHO SERVE ON 24-HOUR SERVICE.

The most trouble we have is with the blue time sheets for 24-hour service. It is important to fill in the expenses on this correctly. Use the listing below as a guide.

List Under Your Own Expenses

1. Travel costs to get to the client's home (bus, car, or cab).
2. Travel costs to leave the client's home.
3. Calling the office.

List Under Amount Spent on Client From Your Own or Office Funds

1. Any money you spend on food, cleaning materials, or laundry for the client.
2. Taking the client or the client's children to the clinic or hospital.
3. Travel costs to do the grocery marketing or laundry for the client.

Be sure to note any money you have received from your supervisor to meet expenses and unspent money you have returned. We also need receipts whenever possible for money you spend on behalf of the client, whether for food or travel.

With thanks for your cooperation and good help.

Sincerely,

(Miss) Patricia A. Gilroy, ACSW
Executive Director

Enclosures

Case Problems for Homemaker Trainees

What would you do if the children in a family (ages 2, 4, and 6) would not eat the food you cooked for them? The mother is out of the home.

An elderly woman, who has arthritis and lives alone, falls in the bathtub. She calls for your help to lift her out. Knowing as a homemaker you cannot do this, what would you do for this woman?

How would you handle a family (mother, father, and children) who from the first day you arrive in their home indicate by their actions and talk that they resent your being in the home?

You have been in an assignment for three months. The mother is mentally ill and has been coming home only on weekends. There are three children, ages 3, 5, and 8, who have grown very fond of you and you like them very much. You discover on a Wednesday that on Friday you are going to leave this assignment because the mother is coming home to stay. How would you help prepare the children for your departure from their home and lives?

You are assigned to help an elderly couple who live in a large apartment house that has a staffed main desk in the lobby. You have worked with the couple several weeks so they are aware of the time you are to arrive. On one particular day you go to the door and knock several times; however, no one answers. What would you do next?

How would you teach youngsters, ages 8, 11, and 14, who have never had any responsibilities in their home, to begin to share some household tasks?

What would you say to a healthy elderly woman who told you she wanted to die? This woman has no family and lives by herself.

Homemaker Service
January 1967

Case Problem

Jones, John and Jane (N)
Northwest Washington 882-0000

Peggy	13	In school 9 - 3; home for lunch
Jack	8	" " " " " "
Mary	7	" " " " " "
Michael	5	In school 9 - 12

Mrs. J is entering the hospital to have a complete hysterectomy. Knowing she would be in the hospital 2 weeks and home recuperating another 4 to 6 weeks, she was reluctant to be hospitalized because her son, Jack, who has been under psychiatric care, shortly will be admitted to a psychiatric residential treatment home. He has been a firesetter and recently he burned himself so badly he needed hospitalization. At that time plans for his treatment in a residential center were formalized. Mr. and Mrs. J have agreed to this.

In addition to the above difficulties, there are severe financial problems and Mr. J is planning to declare himself bankrupt. Mr. J is not the father of Jack or the two older children. We weren't told how he acts toward them. He works two different jobs and rarely is home so this may be a problem.

Peggy is very helpful and responsible. She and the boys care for their own rooms and have assigned duties. The homemaker is to supervise their work.

Other agencies: Children's Hospital Psychiatric Clinic, Child Welfare Division, Legal Aid Society, Family and Child Services, Residential Treatment Center, and the social worker at the hospital.

Assignment: Daily 8 - 4. Peggy to relieve homemaker. Friends will come in for supper time and get children to bed.

Duties:
1. Prepare breakfast, lunch, forward dinner.
2. Get children off to school. Supervise Michael in p.m.
3. Light housekeeping and ironing.
4. Prepare marketing list for Mr. J.
5. Supervise children's tasks.
6. Observe Jack.

Goals:
1. Help Mr. J maintain the family unit while Mrs. J is in the hospital.
2. Observe Jack's behavior with other people so other agencies working with family can clarify problems.

3. Assist Mrs. J until she can take over her responsibilities as wife and mother.

Questions:

1. How do you feel about Jack's problem?
2. What would you do if he set a fire just before you arrived in the home?
3. How would you introduce yourself to the children?
4. What would you do first? How would you organize your day?
5. When Mrs. J returns from the hospital, what would you do for and with her?
6. What things would you observe and report to your supervisor?
7. What kinds of notes would you keep?

Case Problem

Smith, Ray (66) and Mary (57) (W)
Southeast Washington

Mrs. S has severe osteo-arthritis which has affected her hands, arms, legs, and feet. She is almost completely bedridden, cannot cook or wait on herself because she has no strength in her hands. She is demanding, rude to people (particularly relatives) who do not do what she wants them to do immediately. She is an intelligent woman, a former nurse, and quite discouraged and depressed over the fact that her condition is becoming progressively worse instead of improving. Mrs. S's only outlet is a small dog who gets very excited and barks excessively at strangers. She is now awaiting surgery which may relieve her pain.

Mr. S, although over retirement age, is continuing to work because of their ongoing medical costs. His hours are long as he must travel completely across the city to his work. He seems understanding of his wife's condition and determined to care for her as long as he is able. He has not accepted a referral to an agency which could help him make needed long range plans for his wife.

Only relatives are a married daughter in Wisconsin and Mrs. S's sister who works and cannot help during the day. She tends to avoid Mrs. S because of quarreling.

Other agencies: Visiting nurse comes in once a week to give Mrs. S hormone injections.

Assignment: Daily 1 - 4 p.m.

Duties:
1. Give Mrs. S her lunch.
2. Tidy 1 room, kitchen and bath (use vacuum when necessary).
3. Ironing.
4. Forward dinner. If Mrs. S wants to eat dinner, give it to her before leaving.
5. Change bed when necessary.
6. Talk to Mrs. S about current events, menu planning, her illness, etc.

Goals:
1. To make Mrs. S comfortable and to help her to think less about herself.
2. Supervisor to explore long plans for Mrs. S's care.

Questions:

1. What picture do you have of Mrs. S? How do you expect her to treat you?
2. How will you introduce yourself to Mrs. S and her dog?
3. What will you do first? In what order will the other responsibilities be done?
4. What will you observe about Mrs. S and her needs?
5. What will you plan to report to supervisor?

Case Problem

Williams, William and Ruth (34) (W)
South Arlington, Virginia JA 5-0000

Pamela	9	In school	Charles	4	Judy	7 months
Michael	7	" "	Bobbie	3		
Jim	6	" "	Betsy	2		

Mrs. W had a hysterectomy 4 months ago. After her surgery she was not able to urinate so she came home wearing a catheter and retention bag which was strapped to her leg. She was sent to a specialist and on the way to his office there was an auto accident in which Mrs. W received a severe whip lash. An orthopedist treated her and required that she wear a neck and collar brace until her neck muscles returned to normal. While in the brace she has been going for treatment to the urologist but still hasn't been able to urinate. Mrs. W has been under extreme pressure, is depressed, worried, and fearful because she is not able to give her children proper care. Naturally, her condition is upsetting her as she cannot always go for scheduled treatments because she has no one to care for the children in her absence. The doctor wanted her to rest for 2 hours every afternoon and "not become nervous."

Mr. W works long hours and travels all over the metropolitan area, so he is not readily available to help his wife without having his income affected. He seems to be a responsible husband and father.

Agencies: None except Mrs. W's doctors.

Assignments: Daily 8:30 - 4:30.

1. Help with care of children.
2. Relieve Mrs. W so she can rest.
3. Supervise children while she goes for appointment.
4. Help with or prepare meals.
5. Laundry and ironing.
6. Light housekeeping.

Goals:
1. Assist Mrs. W until her health is restored.
2. Work with the children so they upset their mother as little as possible.

Questions:
1. How would you approach Mrs. W? Her children?
2. How would you plan to organize your day?
3. What will you do when Mrs. W gets nervous and/or tearful?
4. How would you plan to keep everything as calm as possible?
5. What observations will be helpful to your supervisor?
6. Can you anticipate ways your supervisor might help you?

END

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